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COVER LETTER

		Corporations		
st	ЈВЈЕСТ:	Boardwalk at Sunt	ree, LLC	
		Name of Limi	ted Liability Company	
Th	e enclosed Articles	s of Amendment and fcc(s) are subr	nitted for filing.	
Plo	ease return all corre	espondence concerning this matter t	o the following:	
		Kellie Shepar		
			Name of Person	
		Boardwalk at	Suntree, LLC	
			Firm/Company	
		Post Office 1	3ox 410999	
			Address	
		Melbourne, Fi	1 32941	
			City/State and Zip Code	
		kmssuntree@ac		
			o be used for future annual repo	rt notification)
Fo	r further information	on concerning this matter, please ca	II:	
		e Shepardne of Person		242-6210 Paytime Telephone Number
	1441.	ne of reison	Area Code 12	ayume relepione (vanoe)
En	closed is a check for	or the following amount:		
X	\$25.00 Filing Fee	e ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Boardwalk at Sun			
(Name of the Limited	Liability Company as it now Florida Limited Liability Con	appears on our records.)	
The Articles of Organization for this Limited Liab	oility Company were filed	on01/20/200	4 and assigned
Florida document numberL0400004747	<u> </u>		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability comp	any here:	
n/a			
The new name must be distinguishable and contain the wor	ds "Limited Liability Company	y," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:		
(Principal office address MUST BE A STREET	(ADDRESS) n/	a	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<i>OX)</i> n/	a	
			Son 🚅
B. If amending the registered agent and/or	L,	ess on our records, <u>er</u>	
registered agent and/or the new registered offi	<u>ce address nere</u> :		第二条
Name of New Registered Agent:	n/a		
New Registered Office Address:			
Now regimered office reduced.	E	nter Florida street address	A P
		, Florid	a
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR =	Author	rized Mem	ber						
<u>Title</u>	N	lame			Ad	ldre	ess	3	Type of Action
MGRM	Park_	Place	at	Suntree, LP	P	.0	. Box 410999		_□ Add
					M	<u>el</u>]	bourne, Fl 32941		XX Remove
									_□ Change
MGRM	Par <u>k</u>	Place	at	Suntree II,	LLL	<u>P</u>	P.O. Box 410999		∡∑ Add
							Melbourne, FL 32941		_□ Remove
							***		_□ Change
	_								_ □ Add
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tive date, if other than the date of filing:	(optional) vs after filing.) Pursuant to 60
If the date inserted in this block does not meet the applicable statutory filing requiremen	nts, this date will not be lis
nent's effective date on the Department of State's records.	
	1.01
cord specifies a delayed effective date, but not an effective time, at 12 good point of the record is filed.	cora.m. on the ear
May 17 , 2017. My May 17 Signature of a member or authorized representative of a member	
$\frac{1}{2}$	
Myra L. Haley	
Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00