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· COVER LETTER

TO:	Registration Division of C	Section Corporations		A.T.	
SUBJ	ECT:	Centerline Ho	mes Group Five, L	LC	
			ited Liability Company		
The er	nclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please	return all corre	spondence concerning this matte	r to the following:		
			Jeffrey Kronengold		
			Name of Person		
CRS Organization, Inc.					
			Firm/Company		
825 Coral Ridge Drive					
Address					
Coral Springs, FL 33071					
	City/State and Zip Code				
		jkronen	gold@centerlinehome to be used for future annual repo	s.com	
				rt notification)	
For fu	ther information	n concerning this matter, please of	call:		
	Jef	frey Kronengold	at (954)	344-8040	
	Name	e of Person	Area Code &	344-8040 Daytime Telephone Number	
Enclos	ed is a check for	r the following amount:			
V \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	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

Centerline Homes Group Five, LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
(11 Torras Billinos Basins)	
The Articles of Organization for this Limited Liability Company were filed on 2/11/04 and assigned	
Florida document numberL04000011438	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Riverwalk at Lago Mar, LLC	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviate "L.L.C."	on
Enter new principal offices address, if applicable:	-
(Principal office address MUST BE A STREET ADDRESS)	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- -
B. If amending the registered agent and/or registered office address on our records, enter the name of the no registered agent and/or the new registered office address here:	<u> • W</u>
Name of New Registered Agent: ARE ARE ARE TO THE PROPERTY OF	
New Registered Office Address:	
Enter Florida street addfess of g	٠.
Florida Florida	,
City Sip 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CRS Organization, I	nc <u>825 Coral Ridge Drive</u> Coral Springs, FL 33071	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If amen	nding any other information,	enter change(s) here: (Attach additional sheets, if nec	vessary.)
_			
Dated	January 19		
	Signature	of a member of authorized representative of a member	
		Jeffrey Kronengold	
		Typed or printed name of signee	

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Filing Fee: \$25.00