Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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5/1/2013

(((H13000098376 3)))

COVER LETTER

TO

Registration Section Division of Corporations

Countryside Homes, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas P. Moran, ESq.

Name of Person

Moran Kidd Lyons Johnson & Berkson, P.A.

Pirm/Company

111 N. Orange Avenue, Suite 900

Orlando, Florida 32801

City/State and Zip Code

tpmoran@morankidd.com

E-mail address: (to be used for future annual report natification)

For further information concerning this matter, please call:

Thomas P. Moran

at (407) 841-4141

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

■\$30.00 Filing Fcc & Certificate of Status

□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, I'L 32314

STREET/COURIER ADDRESS:

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

FILED

2003/005

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2013 MAY -1 AM 8: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Countryside Homes, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompilny as it now appears on our recordited Liability Company)	is.)
The Articles of Organization for this Limited Liability Com	npany were filed on June 4, 2004	and assigned
Florida document number L04000042248	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designs	nion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	33)	
		
Enter new mailing address, if applicable:	The state of the s	
(Mailing address MAY HE A POST OFFICE BOX)		
		e - 1 - 15 Anima amangana menghalikan kananan angga a 111 - 26 -
B. If amending the registered agent and/or registere registered agent und/or the new registered office address	ed office address on our records, <u>e</u> <u>s here</u> :	nier the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	, Flori	
New Megistered Agent's Signature if changing Decistored A	City	Zip Code

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

(((H13000098376 3)))

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> Type of Action Name. Address 2214 Bluff Oak Street Christopher S. Walsh **MGRM** Apopka, Florida 32712 John C. Keenan 625 La Marr Lane **MGRM** Placentia, CA 92670 Remove

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D. If amending any other info	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
-	
Dated May 1	2013
	Wash allers
Mark A. Kee	Signature of a member or authorized representative of a member nan, MGRM
	Typed or printed name of signee

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Filing Fee: \$25.00