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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094

Phone Fax Number : (770)777-2091 : (770)220-1943

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AYLOR WOODROW COMMUNITIES AT PORTICO, L.L.C.

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EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE	ст:Т		mmunities at Portico, L. lited Liability Company	L.C		
		Amendment and fee(s) are sundence concerning this matte	-			
			Sharon K. Gray			
		Triad	Professional Services, LLC	·····		
			Firm/Company		70.	
		1720 W	indward Concourse, Ste. 39	0 '		
	Address					*
						e v alente generale
	Alpharetta, GA 30005				4 31	ĺ
			City/State and Zip Codu			
		jt	paden@triadpros.com (to be used for future annual report notifie	aution)	2	().eman
For furt	ther information co	incerning this matter, please		sation		744
	Sha	ron K. Gray	nt (770)	777-2091		
	Nume of		Area Code & Daytime			
Enclose	ed is a cheek for the	following amount:				
	00 Filling Fee	\$30,00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Fiting Fee, Certificate of Status Certified Copy (additional copy is e		
	MAILI	NG ADDRESS:	STREET/COURIE	ER ADDRESS:		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRE
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Taylor Woodrow Communit	<u>ies at Portico, L.L.</u>	.C			
(Name of the Limited L	it now appears on our re	eords.)			
The Articles of Organization for this Limited Liability Company wer Florida document numberL0400045023					
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability					
The state of the new mane of the mane of t	company nere:				
The new name must be distinguishable and end with the words "Limited L"L.L.C."	lability Company," the des	lignation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		AND			
Enter new mailing address, if applicable:					
(Moiling address MAY BE A POST OFFICE BOX)			1		
		Ch. N	# - # - d Park -		
_		31 as 70 17	*100		
B. If amending the registered agent und/or registered office	address on our record		í		
registered agent and/or the new registered office address here:		Electric			
		ဆီး မ			
Name of New Registered Agent:		397			
New Registered Office Address:					
	Enter Florida street address				
	, F	Torida			
Ci	ש	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 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

Page 1 of 2

MGR = Manager

MGRM = Managing Member

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;

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	Anthony J. Squitterl	501 N. Cattlemen Road, #100 Sarasota, El. 34232	Add Remove
<u>vp</u>	Devon S. Rushnell	501 N. Cattlemen Road, #100 Sarasota, El. 34232	Add Remove
			Add Remove
			Add Remove
			Add Remove
**************************************			Add Remove
D. If amer	nding any other information, enter e	hange(s) here: (Attach additional sheets, if necessary.)	
•			-
Dated	September 1	2011	
	Signature of a me	mber or authorized representative of a member	 -
	Caroline	G. Estrada, Assistant Secretary	····
	1.	yped or printed name of signee	

Page 2 of 2 Filing Fee: \$25.00

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