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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, L

Phone

Account Number: I20020000094

: (770)777-2091

Fax Number

: (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		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TAYLOR WOODROW COMMUNITIES AT HERONS GLEN, L.L.C.

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SEP 0 2 2011

**EXAMINER** 

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Corporate Filing Menu

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## **COVER LETTER**

	gistration Si vision of Cor			
SUBJECT:	Тау	lor Woodrow Comm	nunities at Herons Glen, L	.L.C
		Nams of Limi	ted Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	endence concerning this matter	to the following:	
			Sharon K. Gray	
			Nume of Person	
Triad F			Professional Services, LLC	TALES
			Firm/Compuny	SEP CKE L AHA
		1720 WI	ndward Concourse, Ste. 390	P IAF
			Address	
A			lipharetta, GA 30005	EP -1 AH 8: (ETARY OF ST WHASSEE, FLO
			City/State and Zip Code	STATI- LORRIE
jb			aden@triadpros.com	₩ <b>o</b>
			to be used for future around report notificati	on) .
For further	information (	concerning this matter, please o	coll:	
	Sh	aron K. Gray	nt ( 770 ) 77	7-2091
Nume of Person			at ( 770 ) 77  Area Coda & Daytime To	lephone Number
Enclosed is	a check for t	he following amount:		
S25.00 I	illing Fee	\$30.00 Filing Fee & Certificate of Status	S\$5.00 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			STREET/COURIER Registration Section	

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tulluhassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Taylor Woodrow Communitie	es at Herons	Glen, L.L.C.	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears	on our records.)	<del></del>
(7) Testimes bio	toring Company		
The Articles of Organization for this Limited Liability Company v	vere filed on	04/28/2005	and assigned
Florida document numberL05000042032			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited linbil	ity company here	;	
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Compan	y," the designation "L	LC" or the abbreviation
The desire of the book of the state of			Ear
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		<b></b>	40.
			138 138 1-
Enter new mailing address, if applicable:			9
(Multing address MAY BE A POST OFFICE BOX)			Es a
			RE L
	<del></del>		- <del>S - S</del> -
B. If amending the registered ugent and/or registered offi	eo uddress on o	ir records, enter ti	he name of the new
registered agent and/or the new registered office address here		(CCO103) <u>VIIIVI II</u>	G white of the Hell
Name of New Registered Agent:			
radio of Man Control of Control			
New Registered Office Address:			
	Ente	er Florida street adde	'ess
, Florida			
	City		Zip Code
New Registered Agent's Signature, If changing Registered Agent:			
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple	ete performance d	of my duties, and I a	m familiar with and
accept the utilizations of my position as registered agent as positing filed to merely reflect a change in the registered office a company has been notified in writing of this change.			
	ing Registered Agen	t, Signature of New Rec	intered Agent

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Page 1 of 2

MGR = Manager

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:

MGRM = Managing Member Title. <u>Name</u> Address Type of Action VP Anthony J. Squitleri 501 N. Cattlemen Road, #100 ☑ Add Sarasota FL 34232 🔲 Remove VP Devon S. Rushnell 501 N. Catllemen Road, #100 Sarasota, El. 34232 DbA 🕥 Remove Remove ∏ ∧dd Remove □ Vqq □ Remove D. If umending pay other information, enter change(s) here: (Attach additional sheets, if necessary.) September 1 2011 Signature of a member or authorized representative of a member Caroline G. Estrada, Assistant Secretary Typed or printed name of signee

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Page 2 of 2 Filing Fee: \$25.00