_05000	2046974	
(Requestor's Name) (Address) (Address)	900201212669	
(City/State/Zip/Phone #)	05/06/1101015006 **25.00	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2011 MAY -6 P.B 4: 01 SECRETARY. OF SIATE TALLAHASSEE: FLORIDA	
Office Use Only	C. LEWIS MAY - 9 2011 EXAMINER	

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COVER LETTER					
TO: Registration Section Division of Corporations					
SUBJECT: <u>Town lakes</u> Square, 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:					
<u>Miguelli, Perez</u> Name of Person <u>C/O James L. Clark, PA</u> Firm/Company <u>9020 Rancho de l Rio #100</u> Address <u>New Port Richey, FL 34655</u> <u>City/State and Zip Code</u> <u>PEREZ mikejr e Jahod. Com</u>					
For further information concerning this matter, please call: <u>MiguelA. Perez</u> at <u>723</u> <u>359-4395</u> Jame of Person Area Code & Daytime Telephone Number					

Enclosed is a check for the following amount:



S30.00 Filing Fee & Certificate of Status S55.00 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

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

ARTICLE	ES OF AMENDMENT	City and the second
A	ТО	ドル自必
ARTICLES	S OF ORGANIZATION	
	OF	2011 NAY -6 RM 4: 81
Name of the Limited Liability (A Florida	S QUAIR O y Company as it now appears on o Limited Liability Company)	LA CRETARY OF STATE
The Articles of Organization for this Limited Liability of Florida document number $\angle 05000469$	Company were filed on $5/2$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," th	the designation "LLC" or the abbreviation $(A \cap A)$
Enter new principal offices address, if applicable:	Mique	19.19.192
(Principal office address MUST BE A STREET ADD	<u>RESS) JU Jam</u>	es L. Clark PH
	New Port	Richey, PL 34655
Enter new mailing address, if applicable:	Mighel A	Peres
(Mailing address MAY BE A POST OFFICE BOX)	do Jame	5 L. Clark, PH ncho del Rio Duvo #100
	New Port	Richey, FL 34655
B. If amending the registered agent and/or registered agent and/or the new registered office add		cords, enter the name of the new
registered agent and/or the new registered Unite aut	A la Million	
Name of New Registered Agent:	Miguely. rerez	
New Registered Office Address: <u>C</u>	020 Rangho de	rida street addrees 100
Ne	City /	_, Florida <u> </u>
New Registered Agent's Signature, if changing Registered	ed Agent:	7
I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a		

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

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

MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Ac	tion
MARM	Miguel a. Perez	c/o James L. Clark, PA 9020 Rancho del Rio #100 Deus Port Richey, F2 3465	Add Remove	
			Add Remove	
			_ Add _ Remove	
			Add Remove	
			Add Remove	
			Add Remove	
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
 		TALL AHASS		
	A 22, 20 Signature of a member of	r authorized representative of a member	PH 4:04	
		nez printed name of signee		

Page 2 of 2

Filing Fee: \$25.00