(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Only Otale Ziph Hone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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AUG 1 0 2009

**EXAMINER** 



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08/07/09--01018--021 \*\*600.00



M. Darlene Gonzalez E-mail: dgonzalez@walaw.us.com (305) 573-2929

August 6, 2009

**VIA FEDEX** 

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

Re: <u>Amendments for LLC</u>

Dear Sir or Madam:

Enclosed please find our Washington & Associates , P.A. Check No 1024 in the amount of \$600.00 made payable to Florida Department of State to cover fees associated with the filing of the enclosed amendments for different limited liability companies.

Should you have any questions please do not hesitate to contact us.

Sincerely,

Washington & Associates, P

W. Dariene Gonzalez, Practice Wanage

4 Midtown | 3301 N.E. Ist Avenue | Suite 501 | Miami, FL 33137 | Phone: 305-573-2929 | Fax: 305-749-8989 | www.walaw.us.com

## **COVER LETTER**

TO: Registration Se Division of Cor						
SUBJECT:	MM VILLAGE C	ARVER PHASE I, LLC				
SUBJECT:		ted Liability Company				
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Lyr	nn C. Washington, Esq.				
		Name of Person				
Washington & Associates, P.A.						
		Firm/Company				
4 Midtown, 3301 NE 1st Avenue, Suite M-501						
City/State and Zip Code						
lwashington@walaw.us.com  E-mail address: (to be used for future annual report notification)						
For further information co	oncerning this matter, please c	•	·			
Lynn C. Washington Esq.			573-2929			
Name of	Person	Area Code & Daytime	Telephone Number			
Enclosed is a check for th	e following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & 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, 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

MM ( <u>Name of the Limited</u> (A	Village Carvo 1 Liability Compa 4 Florida Limited L	er Phase I, LL ny as it now appear Liability Company)	_C s on our records.)		
The Articles of Organization for this Limited L Florida document numberL0500008	, , ,	were filed on	August 17, 2005	and ass	igned
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and end wi "L.L.C."	ith the words "Limi	ted Liability Compa	ny," the designation "LL	.C" or the a	abbreviation
Enter new principal offices address, if applie	cable:	150 SE 2nd A	venue, Suite 1302	9 4	SEC.
(Principal office address MUST BE A STREE	ET ADDRESS)	Miami, Florida		/G -7	
Enter new mailing address, if applicable:		150 SE 2nd A	venue, Suite 1302	AH 10: 2	
(Mailing address MAY BE A POST OFFICE	Miami, Florida 33131				
B. If amending the registered agent and registered agent and/or the new registered o			ur records, <u>enter th</u>	e name o	f the new
Name of New Registered Agent:	<u> </u>	. •			<u>.                                    </u>
New Registered Office Address:	4 Midtown, 3301 NE 1st Avenue, Suite M-501  Enter Florida street address				
	Miami		. Florida	33137	
		City	,	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

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 **Type of Action** <u>Title</u> <u>Name</u> **Address** MGR Biscayne Housing Group IIc 150 SE 2nd Avenue, Suite 1302 Miami, Florida 33131 MGR TCG YMCA Carver I LLC 2950 SW 27TH AVE., SUITE 200 ✓ Remove Miami Florida 33133 Biscayne Housing Group, 11C MGR 2950 SW 27TH AVE., SUITE 200 Miami Florida 33133 Remove Remove □Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 Signature of a member or authorized representative of a member LYNN C WASHINGTON

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00