

L06000009641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

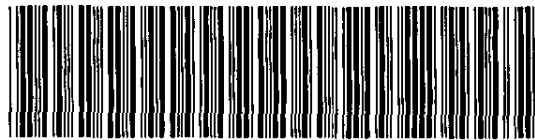
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE REGISTRATION
15 FEB 12 AM 10:05
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
15 JAN 12 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch FEB 13 2015



February 12, 2015

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 9442171 SO
Customer Reference 1: MAH01-2925948-2
Customer Reference 2:

Dear Department of State, Florida :

Please obtain the following:

CONNEMARA COURT, LLC (FL)
Amendment
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CONNEMARA COURT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 26, 2006 and assigned
Florida document number L06000009641.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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 605, 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

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TALLAHASSEE, FLORIDA

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

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------------|-----------------------------|--|
| MGRM | Martha Anderson Hartley | 1815 South Summerlin Avenue | <input type="checkbox"/> Add |
| | | Orlando, FL 32806 | <input checked="" type="checkbox"/> Remove |
| MGR | Martha Anderson Hartley | 1815 South Summerlin Avenue | <input checked="" type="checkbox"/> Add |
| | | Orlando, FL 32806 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article IV - Management - is hereby changed to the following:

"The Company is to be managed by a manager and is, therefore, a

manager-managed company. The Manager is:

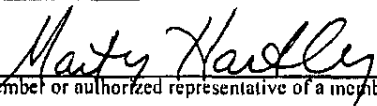
Martha Anderson Hartley

1815 South Summerlin Avenue, Orlando, FL 32806 "

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February // , 2015 .



Signature of a member or authorized representative of a member

Martha Anderson Hartley

Typed or printed name of signee

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TALLAHASSEE, FLORIDA