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**EXAMINER** 



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## **COVER LETTER.**

TO:

Registration Section

Division of Corporations							
SUBJECT:	VILLAGE CAR	RVER PHASE III, LLC					
SUBJECT.	Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:					
·	-	•					
	Lynn C. Washington, Esq.						
	Name of Person						
	Washington & Associates, P.A.						
	Firm/Company						
	4 Midtown, 3301 NE 1st Avenue, Suite M-501						
	Address						
Miami, Florida 33137							
	City/State and Zip Code						
lwashington@walaw.us.com							
		to be used for future annual report notific	cation)				
For further information c	oncerning this matter, please of	call:					
Lynn C. Washington		at (_305_)	573-2929				
Name of Person		Area Code & Daytime	Telephone Number				
Enclosed is a check for the	ne following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
MAILING ADDRESS: Registration Section		STREET/COURIER ADDRESS: Registration Section					
Division of Corporations		Division of Corporations					
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VILLA (Name of the Limiter	GE CARVEI Liability Compa Florida Limited I	R PHASE III, LLC ny as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited L Florida document numberL0600007		were filed onJu	ly 20, 2006	_ and assi	gned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liab	ility company here:			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Company,"	the designation "LLC	C" or the at	breviation
Enter new principal offices address, if applie	cable:	150 SE 2nd Aver	ue, Suite 1302		9
(Principal office address MUST BE A STREE	ET ADDRESS)	Miami, Florida 33	131	09	SIV SSIV
				AUG	
Enter new mailing address, if applicable:		150 SE 2nd Aven	ue Suite 1302	-7	
(Mailing address MAY BE A POST OFFICE	POV)	Miami, Florida 33		<u> </u>	
Muning address MAT BE A FOST OFFICE	BUA)	Wilditii, T lotted oo	101	~ <del></del>	
B. If amending the registered agent and/ registered agent and/or the new registered o			ecords, <u>enter the</u>	name of	the new
Name of New Registered Agent:					
New Registered Office Address:	4 Midtown,	3301 NE 1st Avenu Enter F	e, Suite M-501 lorida street addres	ss.	
		Miami	, Florida	33137	
				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 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> <u>Address</u> MM Village Carver Phase III, uc 150 SE 2nd Avenue Suite 1302 MGR Miami, Florida 33131 MGR GREER, MATTHEW S 2950 SW 27th Avenue, Suite 200 ☐ Add Miami, Florida 33133 √ Remove Remove Remove Remove  $\square$ 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 Typed or printed name of signee

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Filing Fee: \$25.00