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EXAMINER



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COVER LETTER

TO:

Registration Section

Division of Corporations						
		VILLAGE CAF	RVER PHA	SEILLIC		
SUBJECT:			ited Liability Co		···	
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m		16 ()				
The enclosed Artic	cles of Ame	ndment and fee(s) are sul	omitted for filing	5.		
Please return all co	orresponden	ce concerning this matter	r to the following	g:		
		Lyı		ngton, Esq.		
			Name of P	erson		
	Washington & Associates, P.A.					
			Firm/Com	pany		
	4 Midtown, 3301 NE 1st Avenue, Suite M-501					
	-	, imatowii, c	Addres			
	_		Miami, Florio City/State and			
		1 ==	·	·		
lwashington@walaw.us.com E-mail address: (to be used for future annual report notification)						
For further informa	ation conce	rning this matter, please of	call:			
		<i>5</i>				
		Vashington	at (30		573-29	
Name of Person			Area Code & Daytim	e Telepho	ne Number	
Enclosed is a check	k for the fol	lowing amount:				
\$25.00 Filing F	Pee ✓	\$30.00 Filing Fee & Certificate of Status	— Certified	ling Fee & 1 Copy nal copy is enclosed		Certificate of Status & Certified Copy (additional copy is enclosed)
F E F	Registration	Corporations 27		STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n rations inter Circ	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VILLAGE (<u>Name of the Limited Lia</u> (A Flo	CARVE bility Compa rida Limited L	R PHASE II, LLC ny as it now appears on ou liability Company)	r records.)		
The Articles of Organization for this Limited Liabil Florida document number		were filed onAugu	st 1, 2006	_ and ass	igned
This amendment is submitted to amend the following	ıg:				
A. If amending name, enter the new name of the	limited liab	ility company here:			
The new name must be distinguishable and end with the "L.L.C."	e words "Limi	ited Liability Company," the	designation "LL	C" or the a	bbreviation
Enter new principal offices address, if applicable	::	150 SE 2nd Avenue	e, Suite 1302	0	VIO.
(Principal office address MUST BE A STREET ADDRESS)		Miami, Florida 3313	31	9 A U	<u> </u>
					: 1 : 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1
Enter new mailing address, if applicable:		150 SE 2nd Avenue	e, Suite 1302	AH	***
(Mailing address MAY BE A POST OFFICE BOX)		Miami, Florida 3313	31	Ö	
				2	···
B. If amending the registered agent and/or r registered agent and/or the new registered office			ords, enter the	e name o	f the new
Name of New Registered Agent:	ynn C. Wa	shington			
New Registered Office Address: 4					
		Enter Florida street address			
_		Miami City	_, Florida	33137 Zip Code	
		···y		Ap Couc	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MM Village Carver Phase II, L	LC 150 SE 2nd Avenue Suite 1302 Miami, Florida 33131	Add Remove
MGR_	Lloyd Boggio J	2950 SW 27th Avenue, Suite 200 Miami, Florida 33133	☐ Add ☑ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
	1.		
			
Dated	Smc	or or authorized representative of a member	
		I or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00