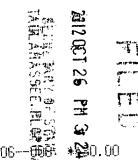
206000090807

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| A. LUNT |
| OCT 30 2012 |
| EXAMINER |

Office Use Only



600240905446



10/26/12--01006--

COVER LETTER

| TO: Registration Solution of Con | | | | | |
|--|--|---|---------------------------------|---------------------------------------|-------------|
| SUBJECT: | Lazy I | _ Farms, LLC | | | |
| | Name of Lim | ited Liability Company | | | |
| | Amendment and fee(s) are sul | • | | | |
| | | . to me renorma | | | |
| | Paul Smerge Name of Person | | | | |
| | | Nume of Person | | | |
| | | Firm/Company | | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | |
| 4776 New Broad Street #250 | | | 2012 OCT 26 | | |
| | | Address | | 1 1 - | ₽ 1 1 |
| | | Orlando, FL 32814 City/State and Zip Code | | | 31 1 |
| | psmer | ge@centuryhomesfla.co to be used for future annual report n | m atification) | 24 | |
| For further information of | concerning this matter, please of | | ouncation | | |
| Р | aul Smerge | at (407) | 446-7233 | | |
| Name o | f Person | | time Telephone Number | | |
| Enclosed is a check for t | he following amount: | | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclo | sed) Certified | te of Status & |) |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | STREET/COL Registration Se Division of Cor Clifton Building 2661 Executive Tallahassee, FL | porations g Center Circle | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limite | Lazy L Farms, LLC d Liability Company as it now appea A Florida Limited Liability Company) | rs on our records.) | | |
|---|--|-------------------------|----------------|------------|
| The Articles of Organization for this Limited I | Liability Company were filed on | 09/15/2006 | and assi | gned |
| Florida document number L0600009 | 0807 | | | |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name of | of the limited liability company he | re: | | |
| | LG Mills Cove, LLC | | | |
| The new name must be distinguishable and end w "L.L.C." | ith the words "Limited Liability Comp | any," the designation " | LLC" or the at | breviation |
| Enter new principal offices address, if appli | cable: | | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | | |
| | | | 1-2 | |
| , | | | 720 | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | - |
| | | | 77 29 | |
| | | | The same same | · · |
| B. If amending the registered agent and registered agent and/or the new registered of | | our records, enter | the name of | the new |
| Name of New Registered Agent: | Robert Godwin | | | |
| New Registered Office Address: | 4776 New Broad Street, S | uite 250 | | |
| | Enter Florida street address | | | |
| | Orlando | , Florida | 32814 | |
| | City | | Zip Code | |
| New Registered Agent's Signature if changing | Registered Agent: | | | |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. If urther 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 698, 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:

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|------------------------------------|--|---------------------|
| MGR | Robert Godwin | 4776 New Broad Street, Suite 250 Orlando, FL 32814 | |
| MGR_ | Larry Godwin | 4776 New Broad Street, Suite 250 Orlando, FL 32814 | Add ✓ Remove |
| | | | Add Remove |
| | | Ę. | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amer | nding any other information, enter | change(s) here: (Attach additional sheets, if necessary. |) |
| | | | - - / |
| _ | | | _ |
| Dated | October 3 | 2012 | |
| | Signature of a | member or authorized representative of a member | |
| | | Robert Godwin | |
| | | Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00