LUG 0000 99793

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(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	#)
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COVER LETTER

TO: Registratión S Division of Co		•	
SUBJECT:	LAuderd Ale-L Name of Lim	Awel HighLands ited Liability Company	SLLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ch	ncistopher Garr	15
	Lauden	Hale-Laurel High	LANDS, LLC
	850 SW	Martin Downs 7	31vd· 器 星
	Palm	City, FL 3499 City/State and Zip Code	SING .
	E-mail address: (S O C Q INVESTMENT to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
Chais (ACTIS of Person	at (<u>772</u>) <u>287</u> – Area Code Daytime	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 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

Laudordiale-La	aurel HighLands, LLC
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) led Liability Company)
The Articles of Organization for this Limited Liability Comp. Florida document number <u>L06000099793</u> .	any were filed on 10/12/2006 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability 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	
	<u></u>
	TT T I I I I I I I I I I I I I I I I I
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	or s
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u></u>	, 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

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:

Name	Address	Type of Action
Christopher Gravis	850 SW Mertin Downs B Palm City FL 34990	Add Remove
		DCT THE ACCUMENT OF THE PROPERTY OF THE PROPER
		☐ Add
		□ Add □ Remove
	Stanley R. Garns	Stanley R. Garris 850 SW Martin Down Palm C:ty, FL 34

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		<u></u>		
···			 .	
Effective date, if other th	an the date of filing:	at or filed date and cannot be	(optional)	
the date this document is filed b	y the Florida Department of State)	of thed date and carmot be i	note man 90 days after	
Dated Septem	per 11 . 20	14. 12.		
<u></u>	Signature of a member or	authorized representative of	a member	
	Christe	opher Garri	2	5.0 E
	Typed or	printed name of signee	i :	
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				OF ST

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Filing Fee: \$25.00