Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000097020 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet,

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name

: GREENSPOON MARDER, P.A.

Account Number : 076064003722 : (407)422-6583

Phone

Fax Number

: (954)343-6962

AMND/RESTATE/CORRECT OR M/MG RESIGN

WESTGATE RESERVE, LLC

Certificate of Status	D
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

CLINE

Help APR 1 6 2008

EXAMINER

https://efile.sunbiz.org/scripts/efilcovr.exe

4/15/2008

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

-	, Florida	(Zip Code)
	(Enter Florida street address)	
New Registered Office Address:		10. 10. 10.
Name of New Registered Agent:		F STA
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>ente</u> <u>e address here</u> :	er the name of the new
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the designation	"LLC" or the appreviation ACLC AP
WESTGATE TBD,LLC		
A. If amending name, enter the new name of the	e limited lighility company heye:	
This amendment is submitted to amend the following	ng:	
Florida document number <u>L07000051872</u>		
The Articles of Organization for this Limited Liabil	lity Company were filed on MAY 15, 2007	and assigned
(Name of the Limited Lia (A Fig.	bility Company as it now appears on our records.) orda Limited Liability Company)	

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 = Ma MGRM = I	nnager Managing Member		
Title	Name	Address	Type of Action
			/ Dames
			Add Remove
			AR AP R C Remove
D. If amen	ding any other information, (enter change(s) here: (Attach additional shee	•""
Dated APF	RIL 15	2008	
	Signature	of a member or authorized representative of a me	embar
		2., AUTHORIZED REPRESENTATIVE Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00