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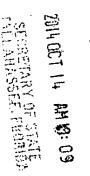
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Division of Corporations	
SUBJECT: LAKEWORTH-Colden Hills, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Christopher Garris Name of Person	
LAKeworth-Golden Hills, LLC	
850 SW MArtin Downs Blud	•1,
PAIM C Ly FL 34990 City/State and Zip Code	•
City/State and Zip Code CARTIS @ CAIN VESTMENT , Net E-mail-address: (to be used for fitted annual report notification) For further information concerning this matter, please call:	
For further information concerning this matter, please call:	
Chars Carris at (772) 289-1844 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (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**

Lakeworth-Go	Iden Hills, LLC
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>LD700057445</u> .	were filed on $\frac{5/3l/2007}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· 28 2
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Stanley R. Garris	850 SW MARTIN DOWNS 1 PALM C:+4, FL34	
MCGRAN	Chris Gams	850 Sw Martin Danne B Felm City, FL 34090	LVD KAdd □ Remove
			2014 OCT 1 TO THE LEGISLE OF THE LEG
			□ Add
			Add Bemove

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	the date of mang.		- (· [· · · · · · · · · · · · · · · · ·	
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effective date must be specific late this document is filed by	, cannot be prior to date of receipt or filed date the Florida Department of State)	•	90 days after	
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ffective date must be specific	signature of a member or authorized re	presentative of a member	90 days after	2014 DCT 14

Page 3 of 3

Filing Fee: \$25.00