

L07000085922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

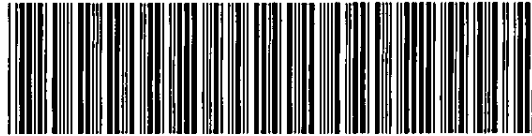
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**B. KOHR**

NOV - 1 2011

**EXAMINER**



500213105325

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 OCT 31 PM 4:26



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 963148 7175508  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 OCT 31 PM 4:26

ORDER DATE : October 31, 2011

ORDER TIME : 2:30 PM

ORDER NO. : 963148-005

CUSTOMER NO: 7175508

DOMESTIC AMENDMENT FILING

NAME: CONTINENTAL VILLAGE MHC, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CONTINENTAL VILLAGE MHC, 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:

NOELLE N. CRITZ

Name of Person

LEVENFELD PEARLSTEIN, LLC

Firm/Company

2 N. LASALLE STREET, SUITE 1300

Address

CHICAGO, IL 60602

City/State and Zip Code

ncritz@lplegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NOELLE N. CRITZ

Name of Person

at ( 312 )

476-7577

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

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DIVISION OF CORPORATIONS  
11 OCT 31 PM 4:26

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11 OCT 31 PM 4:26  
Assigned

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 2

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	CV MANAGER, LLC	8833 GROSS POINT ROAD, SUITE 310	<input type="checkbox"/> Add
	a Delaware LLC	SKOKIE, IL 60077	<input checked="" type="checkbox"/> Remove
MGR	CV MANAGER, LLC	8833 GROSS POINT ROAD, SUITE 310	<input checked="" type="checkbox"/> Add
	a Delaware LLC	SKOKIE, IL 60077	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated, OCTOBER 28, 2011

\_\_\_\_\_  
Signature of a member or authorized representative of a member

JOSEPH I. WOLF, AUTHORIZED REPRESENTATIVE OF A MEMBER

\_\_\_\_\_  
Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00