

L07000086988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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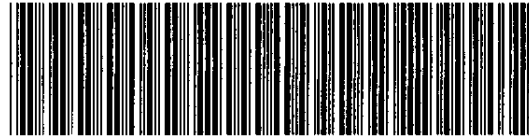
(Business Entity Name)

(Document Number)

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2011 MAY 12 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 13 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Villageside Park, 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:

Robert Scardo

Name of Person

Firm/Company

P.O.Box 531

Address

Ocklawaha, FL 32183

City/State and Zip Code

gowers.lisa@gmail.com

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

For further information concerning this matter, please call:

Thomas W. Cartwright

Name of Person

at (352)

620-9800

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Villageside Park, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/24/2007 and assigned
Florida document number L07000086988.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability 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:

11720 SE 129 Place

(Principal office address MUST BE A STREET ADDRESS)

Ocklawaha, FL 32183

Enter new mailing address, if applicable:

P.O.Box 531

(Mailing address MAY BE A POST OFFICE BOX)

Ocklawaha, FL 32183

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Robert Scardo

New Registered Office Address:

11720 SE 129 Place

Enter Florida street address

Ocklawaha

Florida

32183

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 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 = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Robert Scardo	11720 SE 129 Place Ocklawaha, FL 32183	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Mohsen P. Sarfarazi	2118 SW 20th Place Ocala, FL 34471	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 5/9/11



Signature of a member or authorized representative of a member

Robert Scardo

Typed or printed name of signee

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2011 MAY 12 PM 4:08
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TALLAHASSEE, FLORIDA