

L 07000087585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

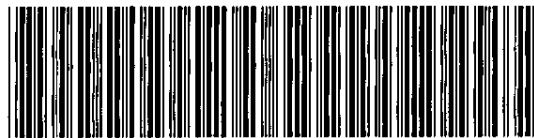
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

NOV 29 2011

EXAMINER



100214337181

RECEIVED
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DIVISION OF CORPORATIONS
2011 NOV 29 PM 1:51
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SUFFICIENCY OF FILINGS

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DIVISION OF CORPORATIONS
11 NOV 29 PM 2:37



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 995513 7175508
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 55.00

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DIVISION OF CORPORATIONS
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ORDER DATE : November 29, 2011
ORDER TIME : 12:14 PM
ORDER NO. : 995513-005
CUSTOMER NO: 7175508

DOMESTIC AMENDMENT FILING

NAME: COLONIAL VILLAGE MHC, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLONIAL VILLAGE MHC, LLC
Name of Limited Liability Company

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

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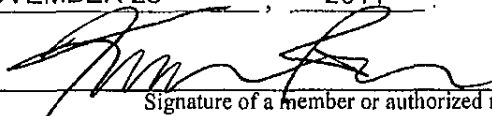
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	COLONIAL VILLAGE MANAGER, LLC	8833 GROSS POINT ROAD, SUITE 310	☐ Add
	a Delaware LLC	SKOKIE, IL 60077	☒ Remove
MGR	COLONIAL VILLAGE MANAGER, LLC	8833 GROSS POINT ROAD, SUITE 310	☒ Add
	a Delaware LLC	SKOKIE, IL 60077	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

Dated NOVEMBER 28, 2011



Signature of a member or authorized representative of a member
KEITH A. ROSS, AUTHORIZED REPRESENTATIVE OF A MEMBER

Typed or printed name of signee