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EXAMINER



100214337181



ACCOUNT NO. : I2000000195

REFERENCE: 995513 7175508

AUTHORIZATION :

COST LIMIT

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

	00,220,220	
TO: Registration Section Division of Corporations	The state of the s	
COLONIAL	_ VILLAGE MHC, LLC	100 m
	imited Liability Company	
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	CA C
Please return all correspondence concerning this ma	tter to the following:	į
	NOELLE N. CRITZ	
	Name of Person	
I EV	ENFELD PEARLSTEIN, LLC	į
	Firm/Company	1
2 N. L/	ASALLE STREET, SUITE 1300	
	Address	
	CHICAGO, IL 60602	
	City/State and Zip Code	
	ncritz@lplegal.com s: (to be used for future annual report notification)	
For further information concerning this matter, please	se call:	
NOELLE N. CRITZ	et (312) 476-7577	
Name of Person	at (312) 476-7577 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\times \$30.00 Filing Fee & Certificate of Status	Solution from the state of Status & Certified Copy (additional copy is enclosed) Solution from the state of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS:	STREET/COURIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



COLONIAL VILLAGE MHC, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Florida Eliminos Eliability Company)

The Articles of Organization for this Limited Lia	bility Company were filed on _	AUGUST 27, 2007	_and assigned
Florida document numberL070000875			
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company l	here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Cor	npany," the designation "LLC	2" or the abbreviation
Enter new principal offices address, if applica	ble:		.,
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B			_
B. If amending the registered agent and/or registered agent and/or the new registered off		n our records, <u>enter the</u>	name of the nev
Name of New Registered Agent:			·
New Registered Office Address:		<u></u>	
	Enter Florida street address		
	City	, Florida	Zip Code
	City		LIP 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	COLONIAL VILLAGE MANAGER, LLC	8833 GROSS POINT ROAD, SUITE 310	Add Remove
	a Delaware LLC	SKOKIE, IL 60077	
MGR	COLONIAL VILLAGE MANAGER, LLC	8833 GROSS POINT ROAD, SUITE 310	✓ Add
	a Delaware LLC	SKOKIE, IL 6007	Remove
	Wasan		Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
D. If amen	ding any other information, enter char	age(s) here: (Attach additional sheets, if necessary.)	
-			_
Dated	NOVEMBER 28 , 2	2011	
	Thank	8	
	l -	er or authorized representative of a member	
		ORIZED REPRESENTATIVE OF A MEMBER	·

Page 2 of 2

Filing Fee: \$25.00