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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** 🗓

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VILLAGE POINTE AT TRADITION, LLC

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Village Pointe at Tradition, LLC					
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number £07000092391	y were filed on 9/10/2007 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited list	bility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable: 6300 C Street SW, Cedar Rapids, IA 52499					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:	6300 C Street SW, Cedar Rapids, IA-52499				
(Mailing address MAY BE A POST OFFICE BOX)					
	الغير المستقد ا				
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				
	City Zip Code				
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document				
If Cha	anging Registered Agent, Signature of New Registered Agent				

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To: Page 4 of 5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ador removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Tide</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
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