

LD70000102715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

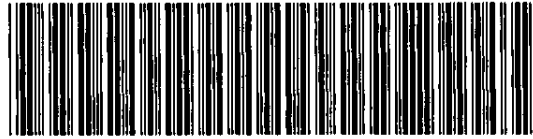
(Document Number)

Certified Copies _____ Certificates of Status _____

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12 OCT 29 PH 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CENTERPOINTE AT MONROE 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:

MICHELLE DY
Name of Person
CONVERGENT MANAGEMENT LLC
Firm/Company
4600 WEST CYPRESS STREET SUITE 120
Address
TAMPA FL 33607
City/State and Zip Code
MICHELLE@CONVERGENTCAP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELLE DY at (**813**) **386-4908**
Name of Person 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**

CENTERPOINTE AT MONROE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/08/2007 and assigned Florida document number L07000102715.

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: 4600 WEST CYPRESS STREET
SUITE 120
TAMPA FL 33607 US
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 4600 WEST CYPRESS STREET
SUITE 120
TAMPA FL 33607 US
(Mailing address MAY BE A POST OFFICE BOX)

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: _____
New Registered Office Address: 4600 WEST CYPRESS STREET SUITE 120
Enter Florida street address
TAMPA, Florida 33607
City Zip Code

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2 OCT 29 PM 3:28
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TALLAHASSEE, FLORIDA

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

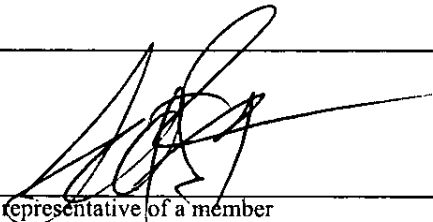
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PARAGON DEVELOPMENT MANAGERS LLC	3105 WEST WATERS AVENUE, SUITE 107 TAMPA FL 33614 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	PARAGON DEVELOPMENT MANAGERS LLC	4600 WEST CYPRESS STREET SUITE 120 TAMPA FL 33607 US	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 10/25/2012



Signature of a member or authorized representative of a member

Santosh Govindaraju

Typed or printed name of signee