(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:	(Requestor's Name)				
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)				
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	(Document Number)				
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Office Use Only

G. MCLEOD

MAR 23 2010

EXAMINER



500171983215

03/22/10--01009--021 **30.00

COVER LETTER

TO: Registr	ration Section on of Corporations	:
SUBJECT:	13302 Lago Vista Drive, LLC	
	Name of Limited Liability Company	
The enclosed Ar	rticles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	William N. Asma Name of Person	
	Asma & Asma P.A. Firm/Company	
	OOA C. Dilland Otroot	
	884 S. Dillard Street Address	
	Winter Garden FL 34787	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further infor	mation concerning this matter, please call:	
	William Asma <u>at (407)</u> 656-5750	
	Name of Person Area Code & Daytime Telephone Number	
Enclosed is a ch	eck for the following amount:	
\$25.00 Filing	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	of Status &
han hilling and the	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

13302 Lago Vi	sta Drive, LLC			
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	11/20/2007	and	assigned
Florida document number C07000116982				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here	:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compar	ny," the designation "I	LC" or th	ie abbreviatio
Enter new principal offices address, if applicable:	13302 Lago V	ista Drive		9
(Principal office address MUST BE A STREET ADDRESS)	Winter Garder	n, FL 34787	10 1	SECI VISIO
			MAR 22	支 流 ・
Enter new mailing address, if applicable:	13302 Lago V	ista Drive	2 PR	
(Mailing address MAY BE A POST OFFICE BOX)	Winter Garder	n, FL 34787		<u> </u>
			္မွ	
B. If amending the registered agent and/or registered of		ur records, <u>enter t</u>	he name	of the nev
registered agent and/or the new registered office address her	<u>'e</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	Ente	er Florida street add	ress	
	City	, Florida	Zip Co	nde
	Cuy		$z_{ip} c_{i}$	Mi

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 = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Donald Bonnette	P.O. Box 1039 Oakland FL 34760	Add Remove
MGR	Bill Roberts	13302 Lago Vista Drive Winter Garden FL 34787	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information	, enter change(s) here: (Attach additional sheets, if necessary.)	_
			-
Dated	March 17		_
	Signatu	re of a member or authorized representative of a member	
		Donald J. Bonnette	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00