

## 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 : COHEN & GRIGSBY, P.C.

Account Number : I20030000042 Phone : (239)390-1912

Fax Number : (239)390-1901

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

Email Address: lrader@cohenlaw.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAUREL VILLAS ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

10/27/2016

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA	UREL VILLAS A	SSOCIATES, LI	LC	
(Name of the Limit	ed Liability Compa (A Florida Limited	iny as it now apne Liability Company	ars on our records.)	
The Articles of Organization for this Limited Li Florida document number L08000015300	ability Company	were filed on _	February 12, 2008	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company l	<u>iere</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the	designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applications	able:	· ————————————————————————————————————		
(Principal office address MUST BE A STREET ADDRESS)		460 Laurel Ridge Way		
		Deland, FL 32724-7502		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/ registered agent and/or the new registered of	or registered of		2724-7502	iter the name of the new
Name of New Registered Agent:	DELAND HO	JSING AUTHOR	uty	2.,
New Registered Office Address:	460 Laurel Rid	ge Way		160 160
		Enter Fl	orida street address	S
	Deland		, Florid:	31724-750
		City		Zip Code
New Registered Assat's Signature, if changing R I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this	d agent and agreer and complete stered agent as pregistered office change.	ee to act in this performance o provided for in address, I here	f my duties, and I of Chapter 605, F.S. aby confirm that the	a <del>in</del> familiar with and Or, if this document is
		ND HOÙSING NU 1	•	agros Quinones
	Bv: )	Malana (	Municipal Exe	agros Quinones cutive Director

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If Changing? Registerell Agent, Signature of New Registered Agent

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

MGR - Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGRM	Piceme Laurel Villas LLC	247 N. Westmonte Dr.	Add
		Altamonte Springs, FL 32714	Remove
			□ Change
AMBR	DELAND LVI, INC.	460 Laurel Ridge Way	<b>≣</b> Add
	<del></del>	Deland, FL 32724-7502	□ Remove
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fective date, if other that n.effective date is listed, the da <u>ster</u> if the date inserted in t coment's effective date on t	his block does	not meet the appli	ozbie zlatutory filin	ore than 90 days after f g requirements, this o	nai) iling.) Persuant to 605.0207 ( date will not bo listed as ti
record specifies a del The 90th day after the	ayed effectl record is fi	ve date, but no led,	ot an effective t	ime, at 12:01 a.	m. on the earlier of:
ted October 27		2016	_		
	1	_,	٠ مىس		
	Signature	of a member or our	orized representative	ol a member	

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Filing Fee: \$25.00



October 28, 2016

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAUREL VILLAS ASSOCIATES, LLC 247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714

SUBJECT: LAUREL VILLAS ASSOCIATES, LLC

REF: L08000015300

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

FAX Aud. #: H16000266145 Letter Number: 216A00023193

Attn: Michelle
The Registered Agent is a housing authority and is exempt per Legislative Law from having to be registered with the Scoretary of State.

P.O BOX 6327 - Tallahassee, Florida 32314