L08000076912

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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Victoria	a Park Place, LLC		
SUBJECT.		ited Liability Company)	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Susan Mills		
		(Name of Person)	
	1031 EXCHANGE CORF	PORATION	
		(Firm/Company)	
	332 Village Drive Unit F		
		(Address)	
	St. Augustine, FL 32084		
		(City/State and Zip Code)	
For further information	concerning this matter, please co	all:	
Susan Mills		at (954) 684-6645	
(Name	of Person)	(Area Code & Daytime T	elephone 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

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SECRETARY OF STATE TALLAHASSEF FLORIDA

Victoria Park Place, 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 Liabi	lity Company were filed on 8/11/08	and assigned	
Florida document number L08000076912			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company here:		
Victoria Park Lane, LLC	,		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, enter the name of the new	
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 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 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 **Type of Action Title** <u>Name</u> <u>Address</u> ☐ Add Remove ☐ Add Remove 🗂 Add Remove Add [Remove Add Remove | Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated August 12, 2008 SUSAN Typed or printed name of signee

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Filing Fee: \$25.00