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2009 JAN 26 PH 3: 04

C. LEWIS

JAN 2 7 2009

EXAMINER

## **COVER LETTER**

Division of Corμ	orations	•	
SUBJECT: VL-LAKI	EVIEW LLC		
		ited Liability Company)	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	MICHAEL R. LeMAIRE		
		(Name of Person)	
	SADER & LeMAIRE, P.A	٨,	
		(Firm/Company)	
	1901 W. CYPRESS CRE	EEK ROAD SUITE 415	
		(Address)	
	FORT LAUDERDALE, F	L 33309	
		(City/State and Zip Code)	
For further information con	ncerning this matter, please c	all:	
MICHAEL R. LeMAIRE		at ( 954 ) 776-7004	
(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:

TO: Registration Section

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

FILED

2009 JAN 26 PM 3: 04

VL-LAKEVIEW LLC

SECRETABY OF STATE TALLABASSEE, PLORIDA

(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	y Company were filed on 10/23/2008	and assigned
Florida document number L08000100002	·	
This amendment is submitted to amend the following	<b>;</b>	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida	street address)
	, Fl	
	(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 <u>Title</u> <u>Name</u> **Address** Type of Action **MGRM** PATSY LORIS 1569 ISLAND WAY WESTON, FL 33326 Remove ☐ Add Remove Remove ☐ Remove Add Remove ☐ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated JANUARY 16 Signature of a member or authorized representative of a member

Typed or printed name of signee
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Filing Fee: \$25.00