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SEURETARY OF STATE

T. HAMPTON

- NOV 2 8 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co							
SUBJECT:	CRP II - Fo	ountain Star, LLC					
		ted Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.					
Please return all corresp	oondence concerning this matter	to the following:					
	Har	ns Christian Beyer, Es	sq.				
		Name of Person					
Law Office of Hans Christian Beyer, P.A.							
Firm/Company							
	102 W. Whiting Street, Suite 301						
	Address						
	Tampa, Florida 33602						
	· City/State and Zip Code.						
hbeyer@lohcb.com E-mail address: (to be used for future annual report notification)							
	E-mail address: (to be used for future annual repo	ort notification)				
For further information	concerning this matter, please of	all:					
Hans	Christian Beyer	at / 813 \	228-0850				
Name of Person		at (813) 228-0850 Area Code & Daytime Telephone Number					
	• •						
Enclosed is a check for	the following amount:						
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
MAILING ADDRESS:		STREET/C	OURIER ADDRESS:				

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CRP II - Foun	tain Star, LLC			
(<u>Name of the I</u>	Limited Liability Compa (A Florida Limited	iny as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Lin	were filed on	12/19/2008	and assigned		
Florida document numberL080	000115674				
This amendment is submitted to amend	the following:				
A. If amending name, enter the new n	ame of the limited lial	oility company her	<u>re</u> :		
	CRP II - Village at	West Miami, LL	С		
The new name must be distinguishable and "L.L.C."	end with the words "Lim	ited Liability Compa	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if	n/a		<u> </u>		
(Principal office address MUST BE A S			SEGRET VISION C		
				NO SEE	
		•		2 7	
Enter new mailing address, if applicat	n/a		3 25 A		
(Mailing address MAY BE A POST OF			S C		
B. If amending the registered agen registered agent and/or the new registered.			our records, <u>enter tl</u>	ne name of the new	
Name of New Registered Agen	ıt: n/a				
New Registered Office Address	<u>n/a</u>				
		Enter Florida street address			
	<u></u>	, 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 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 **Title** Name 1 Address Type of Action n/a ☐ Add ☐ Remove ☐ Add Remove Remove Add Remove \Box Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) n/a Dated November 17, 2009. Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00