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(Requestor's Name)				
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SECRETARY OF STATE
FALLAHASSEE FLORIDA

B. KOHR

FEB 16 2009

**EXAMINER** 



ACCOUNT NO. : 072100000032 REFERENCE: 894312 AUTHORIZATION : COST LIMIT : ORDER DATE: February 16, 2009 ORDER TIME : 2:33 PM ORDER NO. : 894312-005 CUSTOMER NO: 7541620 DOMESTIC AMENDMENT FILING NAME: CARILLON DEVELOPMENTS LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX PLAIN STAMPED COPY CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER'S INITIALS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICI	LES OF O	KGANIZATIO	VIN .	- 16.0% - C		
_	0	F		20		
Carilla )	Develoor	ent ILC		Only		
(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 Liabil		were filed on/	0/20/04	_ and assigned		
Florida document number	13					
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the limited liability company here:						
MARANA	11/1					
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation						
"L.L.C,"	e words "Limi	red Liability Company	," the designation "LEC	or the abbreviation		
Enter new principal offices address, if applicable:		235 this	7 Street Su	<del>+</del> h		
(Principal office address MUST BE A STREET ADDRESS)		Str. 300	The state of the s	<del></del>		
12 / SEPTIME OF THE BEST OF THE SERVICES OF TH		:=== 1 1	wit 0 220	n 1		
		St. Yeterst	dig, FL 337	01		
Enter new mailing address, if applicable:		Same				
• • • • • • • • • • • • • • • • • • • •		-24114-)	<del></del>			
(Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>					
B. If amending the registered agent and/or registered office address on our records, enter the name of the new						
registered agent and/or the new registered office	address here	7 27				
	$\Delta t = x$	. Oi . 1				
Name of New Registered Agent:	Innst	ie Christin	NE UY			
	170 1	0 0 0	L C II	Oice		
New Registered Office Address:	400 T	DIG THEE	C Seacth #	<u> 200                                  </u>		
	<u> </u>	(Ente	r Florida street uddres	is)		
	St. 16	ersbura_	, Florida <u>33</u>	701		
_		(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 **Type of Action** <u>Address</u> Title Name | Remove ☐ ∧dd Remove / Add Remove \_ Add Remove □ Add Remove Add 🔲 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signife

Page 2 of 2

Filing Fee: \$25.00