Division of Corporations **Electronic Filing Cover Sheet**

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(((H100002281883)))



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To:

Division of Corporations

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From:

Account Name : HADDOCK PROFESSIONAL ASSOCIATION

Account Number : I20010000146

Phone : (407)571-3900 Fax Number

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Helpgct 1 9 2010

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: BOCA VISTA PARTNERS I, LLC					
Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
LORI ANN LINN					
Name of Person					
Haddock Professional Association					
Firm/Company					
	3300 University Blvd., Suite 218				
Address					
Winter Park, Florida 32792					
City/State and Zip Code					
loril@fullsail.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
	Lori Linn at (407) 571-3908 f Person Area Code & Daytime Telephone Number	_			
Name of	f Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:					
✓]\$25.00 Filing Fee	S55.00 Filing Fee & S60.00 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy	tatus &			

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

OLVISION OF CORPORATION ((((H100002281887))))

((((H100002281887)))

BOCA VISTA PARTNERS I, LLC (Name of the Limited Liability Company as It now appears on our records.) (A Plorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ____ December 11, 2009 and assigned L09000118431 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 3300 University Blvd., Suite 218 Enter new principal offices address, if applicable: Winter Park, Florida 32792 (Principal office address MUST BE A STREET ADDRESS) 3300 University Blvd., Suite 218 Enter new malling address, if applicable: Winter Park, Florida 32792 (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zin Code

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
MGR_	SunGate Colorado Inc.	2100 W. Littleton Blvd., Suite 300 Suite 300 Littleton, Colorado 80120	Add Remove
MGR	Stoneleigh Manager 2, LL	523 W. Old Northwest Hwy. Suite 201 Barrington, Illinois 60010	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
		e(s) here: (Assach additional sheets, if necessary.)	SECRETARY OF STATE DIVISION OF CORPORATIONS
Dated		or authorized representative of a member	
		or printed name of signee	<u> </u>

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Filing Fee: \$25.00

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