## L10000034174

(R	equestor's Name)	
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B. BOSTICK DEC 17 2014

EXAMINER

## COVER LETTER

TO: Registration Se Division of Cor		general and the second			
SUBJECT: FOR SE	ASON PROPERTIES, I	LLC			
30BJEÇ1:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	WILLIAM E. PRUIT	r			
		Name of Person			
	PRUITT & PRUITT,	P.A.			
		Firm/Company			
	3030 SOUTH DIXIE	HIGHWAY, SUITE 5			
		Address		7A 8	
	WEST PALM BEAC	H, FL 33405		2014 DEC SEGRETA ALLAHAS	<b>*</b>
		City/State and Zip Code		ASS	F
	WEPRUITT@SNEDI			my or	П
	E-mail address; (	to be used for future annual report notifi	ication)	T S	) ( 
For further information co	oncerning this matter, please ca	all:		が対が	
WILLIAM E. PRUIT	П	561 655-8080	_	题 5	
Name of	f Person	Area Code Daytime	Telephone Number	— <del>-</del>	
Enclosed is a check for the	e 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 Fil Certificat Certified	e of Status &	

MAILING ADDRESS:

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

## STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOR SEASON PROPERTIES, LLC		
(Name of the Limited Liability Compa (A Florida Limited )	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000036174</u> .	were filed on APRIL 2, 2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company " the designation "LLC"	or the abbreviation "L.C."
Enter new principal offices address, if applicable:	1022 NASSAU STREET	2 <b>28</b>
(Principal office address MUST BE A STREET ADDRESS)	DELRAY BEACH	
· · · · · · · · · · · · · · · · · · ·	FLORIDA 33483	Par Co
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TO P STATE SEE. FLORIDA
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del></del>	, Flori City	da 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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ALEX CENIZO	1022 NASSAU STREET	<b>■</b> Add
		DELRAY BEACH, FL 33483	□ Remove
MGRM	CAROLINE A. MORAN	13945 QUARTER HORSE TRAIL	
		WELLINGTON, FL 33414	■ Remove
		ALLAHASS ALLAHASS	Add Add
		SEE FLERIDA	□ Add
			□ Remove
			□ Remove
			□ Add
			☐ Remove

. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
(The effective	date, if other than the date of filing:
	CEMBER 10, 2014
Dated	Caroline A. Moran
•	Signature of a member or authorized representative of a member
	CAROLINE A. MORAN
-	Typed or printed name of signee

SECRETARY OF STATE

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Filing Fee: \$25.00