

Division of Corporations

Florida Department of State Division of Corporations

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	Division of Corporations Fax Number : (850)617-63	0.5		
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	Account Number : 12004000008			
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S. WARREN

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TO: Registration Section	COVER LETTER		
Division of Corporations			
SUBJECT:	BOGE TOWNHOMES, LLC		
Name of	f Limited Liability Company		
The enclosed Articles of Amendment and foc(s) are	a submitted for filing		
Please return all correspondence concerning this ma	-		
	Leanne Wagner, Esq Name of Person		
	Frank, Weinberg & Black, PL		
	Firm/Company		
	7805 SW Sixth Court		
	Address	<u> </u>	
	Plantation, FL 33324		
	City/State and Zip Code lwagner@fwblaw.net		
E-mail addr	ress: (to be used for future annual report not	(fication)	
For further information concerning this matter, plea			
Leanne Wagner	386 322-4430 		
Name of Person	Ares Code Daytim	ae Telephone Number	
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of State	2 C \$55.00 Filing Fee & tus Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section	Registration Secti	IER ADDRESS:	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WATER'S EDGE TOWNHOMES, LLC	
(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 Company were filed on May 4, 2010 and assigned Florida document number _____L10000047890

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (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 F	Norida stroet address		-
		, Florida		_
····	City		Zip Code	
Registered Agent's Signature. If changing Registered Agent:	Ŷ.			

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.

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If Changing Registered Agent, Sign	inture of New Registered Agent	
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added. or removed from our records:

MGR = Manager AMBR ~ Authorized Member Title Name Address Type of Action ĝ. AMBR 54K DEVELOPMENT, LLC 420 Nichols Road, Suite 205 🖬 Add Kansas City, MO 64112 C Remove Change MGR SUSAN ASNER 420 Nichols Road, Suite 205 D Add Kansas City, MO 64112 Remove Change Add C Remove Change 18 . C Remove Change ۲ 🗖 Add D Remove Ξŵ S ίŤ. 5 <u>:</u> 🖞 LORIDA <u>ن</u>ون (



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