L10000051065

| (Requestor's Name) |
|---|
| (itequesions marrie) |
| (Address) |
| , , |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |

Office Use Only



800201083228

05/03/11--01044--007 **50.00

THAY -3 PH 1:4

B. KOHR
MAY - 3 2011
EXAMINER

SECRETARY OF STATE CONTROL AND A 10 A

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: The Cottages of Tallahassae 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: |
| Amy N Harne Name of Person |
| Smith Thumpson Snow Minnaci + Colon PA |
| 3500 Trumasville Road 4th flow Address |
| Tau. Pl. 32309 City/State and Zip Code |
| E-mailaddress: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) |

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

(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 12, 2010 and assigned Florida document number L10000051065 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." 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 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

| MGRM = Managing Member | | | | |
|------------------------|----------------------|---|----------------|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action | |
| | | | Add | |
| | | | Remove | |
| | | | | |
| | | | Add | |
| | | | Remove | |
| | | | | |
| - | _ | | Add Remove | |
| | | | | |
| | | | ∏Aḋd | |
| | | | Remove | |
| | | | | |
| | | | Add Remove | |
| | | | | |
| | | | | |
| | | | Add Remove | |
| | | | | |
| D. If a | | ange(s) here: (Attach additional sheets, if necessary.) | | |
| | | amended to read: Initial | | |
| | | s. The total amount of cas | <u>51</u> | |
| | contributed to the | Company is as follows: | | |
| | Christine Boulos. Cu | ntribution \$0.00. | <u>_</u> | |
| | | | | |
| Dotad | July 17 , à | 7010 | | |
| Dated _ | , _ | | | |
| | Signature of a men | mber of authorized representative of a member | | |
| | CHRISTI DE | | | |
| | <u> </u> | uped or printed name of signee | | |

Page 2 of 2

Filing Fee: \$25.00