Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000176390 3)))



Н100001763909ДЭС

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

for future

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

RECEIVED

O AUG -4 PM 4: 4)

ECRETARY OF STATE
LLAHASSEE. FLORIE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VILLAGE PARK DEVELOPERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

A. LUNT

AUG - 5 2010

EXAMINER

COVER LETTER

TO:

CR2E079 (5/06)

Registration Section
Division of Corporations

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) (Name of Contact Person) Je Frey 444 Egnall. com Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wante of the Limited L	E DEVE	O PLAS	LLC ere un our record	3 - 5	·2010	7 ~3.
					AUG	******
The Articles of Organization for this Limited Liab Florida document number 11000006	lity Company	vere filed on	5/21/00	10 Sam	d aleigned T	g,2*east
Florida document number 11000006	8074		•	mar.	Z .	
				70	iii T	15 e-e *
This amendment is submitted to amend the follow	ing:			22	@D	
A. If amending name, enter the new name of the limited liability company here:						
The new name must be distinguishable and end with d	he words "Limiu	d Liability Comp	eany," the designat	don "LLC" or	the abbreviati	on
Enter new principal offices address, if applicable	le:	<u> </u>	WIH (QURT.	NUR78	!
(Principal office address MUST BE A STREET		LOXAMATCHESS, FL 33470				
	•			. 		
Enter new mailing address, if applicable:	•	SAME	AS A	BOUL	Especial designation of the second	
(Mailing address MAY BE A POST OFFICE BO	130				=PLE of super 1991 1 to the 4 s of the	
					1	•
D. If amending the registered agent and/or registered agent and/or the new registered office	registered off address here	ce address on	our records, <u>e</u>	oter the pas	ne of the pe	r Try
Name of New Registered Agent:	GA	RY TH	OYN AS COURT N nter Florida street	····		
New Registered Office Address:	17272	6774	COURT 1	101274		
, -	LOXAHA	7CH/56	, Florid	18 <u>334</u>	70	
•		City		Zip (Code C	
New Resistered Agent's Stausture, if changing Reg	Recot Agenti			•		
I hereby accept the appointment as registered a the provisions of all statutes relative to the prop accept the obligations of my position as registed being filed to merely reflect a change in the reg company has been notified in writing of this cha	per and comple red agent as pe dstered office (ite performance rovided for in C	e of my duties, a Chapter 608, F.S	nd I um fam I, Or, if this i	illar with an cocument is	ď

Page 1 of 2

If Chauping 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

Title	Name	Address	Type of Acting
<u>Merm</u>	Communician FIRST LLC	8779 VALHALLA DELVE:	Add Remove
M <u>larm</u>	CARY THOMAS	17272 6714 COURT NURTH	Add Remove
n6pm	PHILLIP PLEASON	1038 HATCHEE, F1 83470	Add Remove
MER	WYLDWEST PENELOPERS LI	1019 HATCHETE, FL 33470	Add Remove
/	THE CHARLES PROCESSES	A STATE OF THE PARTY OF THE PAR	SO Arid — Remove
			□/∧dd □Remove
D. If amend	ing any other information, enter change(s)	here: (Attach additional sheets, (f necessary.)	ZBID AUG -4
Dated	.7/ ,201	. 97	AMB OF
-	Signature of the friendless of the	authorized representative of a member	- '''.'
	VERTICAL P	HILLIPS	**
	Typod or p	rinted name of signee	,

Page 2 of 2

Filing Fee: \$25:00