L10000100267

| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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| A. LUNT | | | | |
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Office Use Only

EXAMINER



800214242238

11/14/11--01044--013 **30.00

SECRETARY OF STATE

COVER LETTER

| / Division of Corporations | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| SUBJECT: Sevanza Park Development 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: | |
| Glenn H. Hale Name of Person Sevanza favk Develop ment LLC Firm/Company 5840 Red Bug Lake Rd # 180 Address Winter Springs F1 39708 Cod 1 60 Cflyr. Com | 1 |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CARM H. Hale Name of Person Area Code & Daytime Telephone Number | |
| Enclosed is a check for the following amount: \$\begin{align*} \$\\$ \$25.00 \text{ Filing Fee} & \$\\$ \$\\$ \$\\$ \$\\$ \$\\$ \$\\$ \$\\$ \$\\$ \$\\$ \$\ | |
| (additional copy is choised) | |

MAILING ADDRESS:

TO: Registration Section

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 Com | anony as it now appears on a | un no condo \ | |
|----------------------------------------------------------------|------------------------------------------------------|-------------------------------------|---------------|
| (A Florida Limite | ed Liability Company) | ur records.) | |
| The Articles of Organization for this Limited Liability Compa | any were filed on 9131 | H 2010 and assigned | d |
| Florida document number L10000100367 | 1 | | |
| . Iorida document maniosi. | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited li | iability company here: | | |
| nla | | | |
| The new name must be distinguishable and end with the words "L | imited Liability Company," th | e designation "LLC" or the abbrev | viation |
| "L.L.C." | i | J | ** |
| Enter new principal offices address, if applicable: | nla | = 2 | • |
| (Principal office address MUST BE A STREET ADDRESS) | — I I I — — — — — — — — — — — — — — — — — | | |
| ATMEDIA Office unitess MOST DE A STREET ADDRESS | <u> </u> | AR 5 71 | : |
| | | | <u> </u> |
| | 10/0 | m [™] m | |
| Enter new mailing address, if applicable: | Ma | 79 3 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | SA # | |
| | | 5 7 2 | |
| | | | |
| B. If amending the registered agent and/or registered | | cords, <u>enter the name of the</u> | : new |
| registered agent and/or the new registered office address h | nere: | | |
| C | امل الما مرم | ٨ | |
| Name of New Registered Agent: | in H. Har | <u> </u> | |
| New Registered Office Address: 5840 | led Bug Lake R | d#180 | |
| | Enter Flo. | rida street address | |
| Wint | N Springs | Florida 32708 | |
| <u> </u> | City | 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 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.

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 = Ma $MGRM = N$ | nager ⁄Ianaging Member | | |
|---------------------|-----------------------------|-----------------------------------------------------|-------------------|
| <u>Title</u> | Name | Address | Type of Action |
| | | | Add Remove |
| | | | ☐ Add ☐ Remove |
| | | | Add |
| | | | |
| | | | Remove |
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| D. If amend | ling any other information, | enter change(s) here: (Attach additional sheet | ts, if necessary. |
| | | | |
| | | | |
| Dated | 109/2011 | | |
| | Signatur Glen | e of a member or authorized representative of a mer | nber |

Page 2 of 2

Filing Fee: \$25.00