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Division of Corporations Electronic Filing Cover Sheet

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TOI

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WEIRSDALE REAL PROPERTY ACQUISITION, LLC

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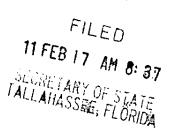
Help

COVER LETTER

TO:	Registration S Division of Co				
SUBJE	:r~r·	Weirsdale Real	Property Acquisition, LLC		
SCDOE	Name of Limited Liability Company				
The end	losed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please r	eturn all corresp	ondence concerning this matte	r to the following:		
		,			
			Name of Person		
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			City/State and Zip Code		
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			at ()		
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		he following amount:			
\$25,0	00 Filing Pec	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing For & Cartified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
			ř		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Century Tallahassee, FL 3230	ons or Circle	

PL055 - 05/06/2008 C T System Cellina

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Weirsd	ale Real Property Acquisition, LL	.C	
(Name of the Limited Li (A Fl	ability Company as it now appeorida Limited Liability Company)	ers on our records.)	
The Articles of Organization for this Limited Liabi Florida document number	• • •	February 15, 2011	and assigned
This amendment is submitted to amend the following	2		
A. If amending name, enter the new name of th		î.e:	
	Grand Oaks Holding, LLC		An - A - A
The new name must be distinguishable and end with th "L.L,C,"	ic words "Limited Liability Comp	any," the designation "Li	.C. or the abbreviation
Enter new principal offices address, if applicable	n+		
(Principal office address MUST BE A STREET A			
12 (Weekler Office water that 12 CD2 BD /2 G23 G2 DT 71	20703007		*************************************
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	x)		
(Managering thank and 1272 I Harry 1 VOT VATIOD DO.	<u> </u>		· · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on address here:	our revords, enter the	name of the new
Name of New Registered Agent:	a	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	,		
	£x	ner Florida street addre	ss
	, Florida		
_	City	, , , , , , , , , , , , , , , , , , , ,	Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:		
I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope accept the obligations of my position as register being filed to merely reflect a change in the regi- company has been notified in writing of this chain	er and complete performance ed agent as provided for in Ci stered office address, I hereby nge,	of my duties, and I am hapter 608, F.S. Or, if y confirm that the limit	familiar with and this document is ed liability
	If Changing Registered Age	nt, Stenature of New Regis	tered Agent

Page 1 of 2

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:

Address Type of Action Title <u>Name</u> MGRM B. Thomas Golisano ☐ Add ☑ Remove 3175 Green Dolphin Lane Naples, Florida 34102 MGRM Grand Oaks, LLC 3175 Green Dolphin Lane Naples, Florida 34102 Add
 Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Kristin A. Moore, Authorized Representative of Member
Typed or printed name of signee

Signature of a member or authorized representative of a member

2011

Page 2 of 2

Filing Fee: \$25.00

Dated

February 16

MGR = Manager

MGRM = Managing Member