

L11000067459

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : SHUTTS & BOWEN LLP (ORLANDO)  
Account Number : I20030000004  
Phone : (407)423-3200  
Fax Number : (407)843-4076

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

Email Address: taugustyni@shutts.com

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BOYD HORIZON WEST, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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J. BRYAN

OCT 13 2011

EXAMINER

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BOYD HORIZON WEST, 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:

Tracy Augustyni

Name of Person

Shutts & Bowen LLP

Firm/Company

300 South Orange Avenue, Suite 1000

Address

Orlando, Florida 32801

City/State and Zip Code

taugustyni@shutts.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Williams, Esquire

Name of Person

at ( 407 )

423-3200

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
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☐ \$55.00 Filing Fee &  
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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

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OCT-12-2011 13:46 From:

To: 850 617 6381

P.4/4

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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

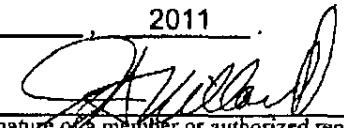
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Scott T. Boyd	7586 West Sand Lake Road Orlando, Florida 32819	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

Dated October 12, 2011

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

James G. Willard, Esquire, Authorized Representative

\_\_\_\_\_  
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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