

L11000069447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

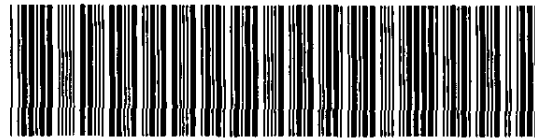
(Business Entity Name)

(Document Number)

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RECEIVED

DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
REGISTRATION

15 APR - 7 PM 4:03

RECEIVED  
TO AGENCY EDGE  
SUFFICIENCY OF FILING

FILED

15 APR - 7 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR - 8 2015

T. HAMPTON



Wolters Kluwer  
Corporate Legal Services

## CT Corporation

515 East Park Avenue  
Tallahassee, FL 32301

850 558 1930 tel  
855 637 1628 fax  
[www.ctcorporation.com](http://www.ctcorporation.com)

April 7, 2015

Secretary of State, Florida  
2661 Executive Circle Center  
Tallahassee FL 32301

Re: Order #: 9505881 SO  
Customer Reference 1: 888906-0001  
Customer Reference 2: -

Dear Secretary of State, Florida :

Please obtain the following:

Olde Dunes LLC (FL)  
Amendment (Change of Name)  
Florida

Olde Dunes LLC (FL)  
Obtain Document - Misc - Certified copy of filing  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
[Connie.Bryan@wolterskluwer.com](mailto:Connie.Bryan@wolterskluwer.com)

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OLDE DUNES 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:

Jaime T. Willis, Esq.

Name of Person

Perkins Coie LLP

Firm/Company

131 S. Dearborn St., Suite 1700

Address

Chicago, IL 60603-5559

City/State and Zip Code

JWillis@perkincoie.com

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

For further information concerning this matter, please call:

Jaime T. Willis

at ( 312 ) 324-8441

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☒ \$55.00 Filing Fee &  
Certified Copy  
(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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

OLDE DUNES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/14/2011 and assigned

Florida document number L11000069447

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

RES Florida Dunes Holdings, LLC

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: KrisDan Management, Inc.

New Registered Office Address: 1370 Creekside Boulevard

Enter Florida street address

Naples, Florida 34108-1945

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 605, 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.

[Signature] Authorized Representative  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KrisDan Management, Inc.	1370 Creekside Boulevard	<input checked="" type="checkbox"/> Add
		Naples, FL 34108-1945	<input type="checkbox"/> Remove
MGR	Reinhold Schmieding	1370 Creekside Boulevard	<input type="checkbox"/> Add
		Naples, FL 34108-1945	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 6, 2015

Jaime Willis, Authorized Rep.  
Signature of a member or authorized representative of a member

Jaime Willis

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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