L11000074365

tor's Name)				
)				
s)				
te/Zip/Phone #)				
WAIT MAIL				
s Entity Name)				
(Document Number)				
Certificates of Status				
Special Instructions to Filing Officer:				
į				

Office Use Only



300255296343

01/10/14--01007--001 **50.00





ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C OAKS LLC

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

·	• • •		
The Articles of Organization for this Limited Liability	Company were filed on 07/01/2011	and assi	gned
Florida document number L11000076305	.		
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation "L	LC" or the	abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re-	gistered office address on our records, enter the	he name (of the new
registered agent and/or the new registered office a		_	
Name of New Registered Agent:		2014	
Name Designational Office Address.	•	JAN AR	
New Registered Office Address:	Enter Florida street addre	<u> </u>	- Establish
		SECTION OF THE PROPERTY OF THE	
	, Florida	Zin Code	yemen y
New Registered Agent's Signature, if changing Registe	•	07.75 07.75	
			.
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	d complete performance of my duties, and I am fa I agent as provided for in Chapter 605, F.S. Or, if ered office address, I hereby confirm that the limi	miliar with this docu	h and ment is
	If Changing Registered Agent, Signature of New Regi	stered Agen	<u>t</u>

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 = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	<u>Address</u> <u>T</u>	ype of Action
MGR	Steven L. Cassidy	346 Central Avenue SE	Add
		Winter Haven, FL 33880	Remove
MGRM	Lauren O. Schwenk	346 Central Avenue SE	Add
		Winter Haven, FL 33880	Remove
			Add
			Remove Add
			Remove
			Add
			Remove
			ZD14 DAAdd
		APASSET FLORID	Remove
	Pogra	2063	Removen

D. If amending any other	information, enter change(s) here: (Attach additional sha	eets, if necessary.)
E. Effective date, if other	than the date of filing: January 1, 2013 the date must be specific and cannot be more than 90 days	(optional) after filing.) (605.0207 (3)(b
Dated January 6	2014	a.cg, (000020 (0)(0)
	Signature of a member or authorized representative of a r Michelle Cassidy	nember
	Typed or printed name of signee Page 3 of 3	

Filing Fee: \$25.00

FILED

2014 JAN 10 AN 4:42

FALLABLISSEE FLORIDA