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SECRETARY OF STATE
SECRETARY SEE, FLORIDA

COVER LETTER

TO;	Registration Sec Division of Corp			
SUBJEC	CT:	Eastwind V	erona Pointe, LL0	
			ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspor	ndence concerning this matter	to the following:	
		Patty Laine - (vi	a Fed Ex return airbi	Il and envelope)
		East	twind Development, I	LLC
		8380	Resource Drive, Su	ite 1
		Wes	t Palm Beach, FL 33 City/State and Zip Code	3404
		pla	ine@eastwinddev.co	m
		E-mail address: (1	to be used for future annual re	port notification)
For furth	er information co	ncerning this matter, please c	all:	
		atty Laine	at (561)	370-6604
Name of Person		Person	Area Code &	à Daytime Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is a	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registrate Division P.O. Box	NG ADDRESS: tion Section of Corporations c 6327 see, FL 32314	Registratio Division of Clifton Bu	f Corporations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Eastwing	d Verona Poi	nte, LLC		RY OF STATE SEE, FLORIDA
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it i Limited Liability (iow appears Company)	on our records.	·
The Articles of Organization for this Limited Liability Florida document numberL11000077485	· ·	ed on	July 6, 2011	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability con	npany here	:	
	Kensington Pla			
The new name must be distinguishable and end with the world.L.C."	ords "Limited Liabi	ility Compan	y," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office add dress here:	iress on ou	ır records, <u>enter</u>	the name of the new
Name of New Registered Agent:				
New Registered Office Address:				
		Ente	r Florida street aa	ldress
			, Florida _	· ·
	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u> </u>	<u>Name</u>	Address	Type of Action
			Damaua
<u>-</u>			D Damasus
			□ Damaya
			T D amaya
	.		
. If amen —	ding any other information, enter	change(s) here: (Attach additional she	eets, if necessary.) SECRETARY OF SILVENSSEE, FLOO
			TATE ORBA
 ated	October 25	2011	<u>.</u>
	John	J. Win'	- Combon
	V	nember or authorized representative of a m F. Weir - Managing Member	ICHIUCI

Page 2 of 2

Filing Fee: \$25.00