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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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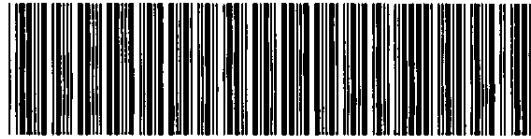
(Business Entity Name)

(Document Number)

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J. Silvers JUL 08 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Banyan Homes of Central Florida, 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:

Amanda Butler

Name of Person

Banyan Homes of Central Florida, LLC

Firm/Company

940 West Oakland Ave Unit A10

Address

Oakland, FL 34787

City/State and Zip Code

abutler@tallcastlehomes.com

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

For further information concerning this matter, please call:

Amanda Butler

Name of Person

at (407) 876-6335 x 7302

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**

Banyan Homes of Central Florida, 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 07/21/2011 and assigned
Florida document number L11000084340.

This amendment is submitted to amend the following:

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

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)

940 West Oakland Ave

Unit A10

Oakland, FL 34787

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

940 West Oakland Ave

Unit A10

Oakland, FL 34787

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:

Tall Castle Homes, Inc.

New Registered Office Address:

940 West Oakland Ave Unit A10

Enter Florida street address

Oakland

City

Florida 34787

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.


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

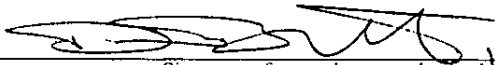
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Donald J. Bonnette	940 West Oakland Ave Unit A10	<input checked="" type="checkbox"/> Add
		Oakland, FL 34787	<input type="checkbox"/> Remove
MGR	Mark Maciel	940 West Oakland Ave Unit A10	<input checked="" type="checkbox"/> Add
		Oakland, FL 34787	<input type="checkbox"/> Remove
MGR	Frank Gammon	301 N. US Hwy 27 Suite H	<input type="checkbox"/> Add
		Clermont, FL 34711	<input checked="" type="checkbox"/> Remove
MGRM	Mitchell Company, LLC	41 West Interstate 65 Service	<input type="checkbox"/> Add
		Road North	<input checked="" type="checkbox"/> Remove
		Mobile, AL 36608-1201	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 June 30th, 2014

 MGR.

Signature of a member or authorized representative of a member

Donald J. Bonnette, MGR

Typed or printed name of signee

17 JUL -6 AM 11:28
2014