L11000084368

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K.SALY EXAMINER DEC 22 2015

COVER LETTER

	Registration Division of C			
CHD IEC	Levey La	and Development, LLC		
SOBJEC	Name of Limited Liability Company			
The enclo	osed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all corres	pondence concerning this matter	to the following:	
		David W. Adams		
	•		Name of Person	·
		Bennett Jacobs & Adams,	P.A.	
			Firm/Company	
		P.O. Box 3300		
			Address	
		Tampa, FL 33601		
			City/State and Zip Code	
		dadams@bja-law.com		
		E-mail address: (to be used for future annual report notif	fication)
For furthe	r information	concerning this matter, please ca	all:	
David W.	. Adams		at ()	
	Name	of Person	Area Code Daytime	e Telephone Number
Enclosed i	is a check for	the following amount:		
■ \$25.00	0 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

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FALLAHASSEE FLORIDS

Levey Land Development, 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 Li Florida document number L11000084368	ability Company	were filed on 07/01/2011	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designation	1 "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	3298 Covered Bridge W	est
(Principal office address MUST BE A STREE		Dunedin, FL 34698	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	3298 Covered Bridge W	est
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	Dunedin, FL 34698	
B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent: New Registered Office Address:		e: ns	
	Tampa		_, 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 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 amendin	g Authorized Person(s) authorized to n I from our records:	anage, <u>enter the title, nam</u>	e, and address of eac	h person being added
MGR = N		2015 n	FILED EC 21 PM 3: 54	
<u>Title</u>	<u>Name</u>	Address SLCPR	TARY UF STATE ASSEE, FLORIDA	Type of Action
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Signature of a member or authorized representative of a member	ated October 29	
Signature of a member or authorized representative of a member	1) will flux	
	Signature of a member or authorized repr	resentative of a member
	David W. Adams	

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Typed or printed name of signee

Filing Fee: \$25.00