# #[11000098184

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K. SALY EXAMINER OCT 25 2011

## **COVER LETTER**

SUBJECT:	VERAN	IDA PH I, LLC		
	Name of Limi	ted Liability Company		
		14 16 GP		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Tere Muniz		
	_	Name of Person		
	<del> </del>	Firm/Company		
5500 Military Trail #22-356				
		Address		
		Jupiter, FL 33458 City/State and Zip Code		
	tmu	uniz@deguardiola.com to be used for future annual report		
	E-mail address: (t	to be used for future annual report	notification)	
For further information of	concerning this matter, please c	all:		
	Tere Muniz	at ( 561 )	691-5858 aytime Telephone Number	
Name o	n reison	Alea Code & D.	aytime Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certified	te of Status &

### MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

FILED

11 OCT 24 PM 4: 40 VERANDA PH I, 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 8/26/11 and assigned Florida document number \_\_\_\_\_L11000098184 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) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

Zip Code

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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	George de Guardiola	5500 Military Trail #22-356 Jupiter, Fl 33458	Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter c	change(s) here: (Attach additional sheets, if necessary.)	
			_
  Dated	October 21	2011 .	_
Dated	U	ember or authorized representative of a member	
		Tere Muniz  Typed or printed name of signce	

Page 2 of 2

Filing Fee: \$25.00