L11000137918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

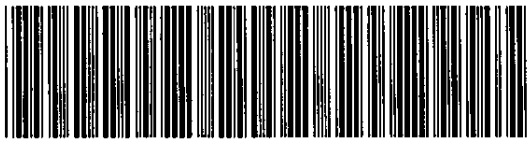
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/21/15--01009--004 **25.00

FILED
15 MAY 21 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 22 2015
T. BROWN

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Villas at Oak Grove, 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:

Robert W. Burton
Name of Person

Villas at Oak Grove, LLC.
Firm/Company

2910 Kerry Forest Parkway, Suite D4-371
Address

Tallahassee, FL 32309
City/State and Zip Code

Bob@islflorida.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert W. Burton at (850) 321-9314
Name of Person — 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

ISL of FL
Innovative Senior Living of Florida, LLC
2910 Kerry Forest Parkway, Suite D4-371
Tallahassee, FL 32309
850-391-1754
Developers and Managers of Innovative Assisted Living and Memory Care Neighborhoods

villas
AT OAK GROVE

May 18, 2015

Florida Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: LLC Name Change

To Whom It May Concern:

I am the Registered Agent for both Innovative Senior Living of Florida, LLC. and the Villas at Oak Grove, LLC. Innovative Senior Living of Florida, LLC. is the major partner in the Villas at Oak Grove, LLC. I am submitting this request to change name from the Villas at Oak Grove, LLC. to the Villas at Killearn Lakes, LLC. Enclosed is a check for $25.

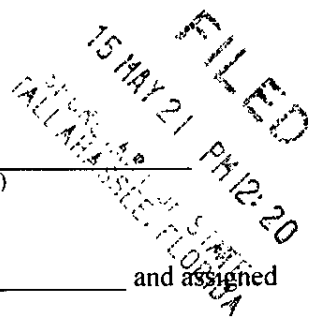
If you have any questions, please do not hesitate to call me at (850) 321-9314 or email me at bob@villasatoakgrove.com

Sincerely,

Robert W Burton

Robert W. Burton
Managing Member
Villas at Oak Grove, LLC.

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF



Villas at Oak Grove, 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 12/07/2011 and assigned Florida document number L11000137918.

This amendment is submitted to amend the following:

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

Villas at Killearn Lakes, LLC.

The new name must be distinguishable and contain 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

_____, **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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
______	______________________	________________________________	☐ Add
		________________________________	☐ Remove
		________________________________	☐ Change
______	______________________	________________________________	☐ Add
		________________________________	☐ Remove
		________________________________	☐ Change
______	______________________	________________________________	☐ Add
		________________________________	☐ Remove
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______	______________________	________________________________	☐ Add
		________________________________	☐ Remove
		________________________________	☐ Change
______	______________________	________________________________	☐ Add
		________________________________	☐ Remove
		________________________________	☐ Change
______	______________________	________________________________	☐ Add
		________________________________	☐ Remove
		________________________________	☐ Change

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)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated May 18, 2015.

Robert W Burton

Signature of a member or authorized representative of a member

Robert W. Burton

Typed or printed name of signee

Filing Fee: $25.00