

L11000137918

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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JUL 26 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Villas at Killearn Lakes, 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 Killearn Lakes, 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

850 321-9314
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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**

Villas at Killearn Lakes, 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:

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)

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TALLAHASSEE, FLORIDA

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: Christopher P. Mulrooney

New Registered Office Address: 2901 Edenderry Drive

Enter Florida street address

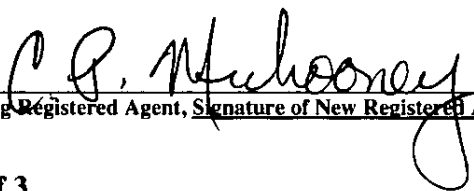
Tallahassee, Florida 32309

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Christopher P. Mulrooney	2901 Edenderry Drive	☒ Add
		Tallahassee, FL 32309	☐ Remove
			☐ Change
MGR	Klaus Axen	1547 West Desert Harbor	☒ Add
		Tucson, AZ 85704	☐ Remove
			☐ Change
MGR	Innovative Senior Living of Florida	2910 Kerry Forest Parkway, Suite D4-371	☐ Add
		Tallahassee, FL 32309	☒ Remove
			☐ Change
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 TALLAHASSEE, FLORIDA

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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.

Dated

July 21, 2016

Signature of a member or authorized representative of a member

Christopher, P. Mulrooney

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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