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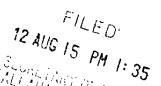
Division of Corpo	orations			
SUBJECT: THE V	ILLAS AT SOUTH	ERN HILLS PLAN ted Liability Company	TATION, LLC	
	Number 2	ica Blacking Company		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	7	TIMOTHY J SELWAY		
		Name of Person		
	THE VILLAS AT S	OUTHERN HILLS PL	ANTATION, LLC	
		Firm/Company		
	2414 AINSWORTH AVE			
		Address		
	SF	PRING HILL, FL 3460	9	
		City/State and Zip Code		
	FLORIDALANDI E-mail address: (MARKREALESTATE to be used for future annual rep	@GMAIL.COM ort notification)	
For further information cor	ncerning this matter, please o			
ROY	/ SELWAY	at (352)	263-4430	
Name of I	Person		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 e	\$60.00 Filing Fee, Certificate of Star Certified Copy (additional copy i	
	G ADDRESS: ion Section	STREET/0 Registratio	COURIER ADDRESS:	
P.O. Box		Clifton Bui		
Tallahassee Fl. 32314		2661 Execu	ntive Center Circle	

Tallahassee, FL 32301

TO:

Registration Section

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



THE VILLAS AT SOUTHERN HILLS PLANTATION, LI (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 12/27/2011 __ and assigned Florida document number _____L11000144068 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: TIMOTHY J SELWAY Name of New Registered Agent: 2414 AINSWORTH AVE New Registered Office Address: Enter Florida street address SPRING HILL _____, Florida ____ City 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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action ROY SELWAY** MGRM 2414 AINSWORTH AVE SPRING HILL, FL 34609 ✓ Add Remove Add Remove ___ Add Remove Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ___ Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00