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TICEL SECRETARY OF STATE

C. LEWIS

JUL 17 2012

EXAMINER

COVER LETTER

SUBJECT: Village Neighbors Property Management, 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:	
Emily Wilson	
Name of Person	
Village Neighbors Property Management, LLC Firm/Company	
Тишсопрацу	
17984 SE 91st Poplar Terrace	
Address	
The Villages El 22462	
The Villages, FL 32162 City/State and Zip Code	
wilsonem1@live.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Emily Wilson at (352) 789-5456	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \]	tus &
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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

	/
12	FILED
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ALLANGE	17 Or or 55
r records.)	16 PM 12: 55 SEE FLORIDA
	TOA

Village Neighbors Property Management, 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 I	were filed on	April 30, 2012	and assigned		
Florida document numberL1200005	8345				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, <u>enter the new name (</u>	of the limited liab	ility company he	<u>ere</u> :		
The new name must be distinguishable and end w	ith the words "Limi	ited Liability Comp	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		17984 SE 91st Poplar Terrace			
(Principal office address MUST BE A STRE	The Villages, FL 32162				
					
Enter new mailing address, if applicable:	17984 SE 91st Poplar Terrace				
(Mailing address MAY BE A POST OFFICE	The Villages, FL 32162				
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter ti	ne name of the nev	
Name of New Registered Agent:	Phillip Wilson				
New Registered Office Address:	1st Poplar Ter	Tace nter Florida street addr			
	-				
	The Villages City		, Florida	32162 Zip Code	
		J.,			

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

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 **Type of Action Address** <u>Title</u> <u>Name</u> MGRM Kathy Zwiebel 1315 Lester Dr ☐ Add The Villages, FL 32159 √ Remove MGRM Phillip Wilson 17984 SE 91st Poplar Terrace The Villages FL 32162 ___ Add ___ Remove □ Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 13, 2012 Dated _____ Signature of a member or authorized representative of a member

Emily Wilson

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00