11200014157

•
(Requestor's Name)
Ī
(Address)
!
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
'
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
(2.2,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.
ŕ
•
<u>:</u>

Office Use Only



300235795813

06/18/12--01029--003 **25.00

2012 JUN 18 PH 12: 46
SEGRETARY OF STATE
TATILISAHASSEE, FLORIDA

JUN 1 9 2012 EXAMINER

COVER LETTER

Division of Corpo		, j		•	
SUBJECT:	FLA WATERF	ORD CLASS A, LL	.c		
		ted Liability Company			
	mendment and fee(s) are subdence concerning this matter	-			
	KIMBEF	RLY M. MCALLISTER,	ESQ.		
		Name of Person			
	WESTWIN	D PROPERTY MANAG	SEMENT		
		Firm/Company			
	1343 [MAIN STREET SUITE	201		
		Address			
	s	ARASOTA, FL 34236		···· •	
		City/State and Zip Code		SE S	
	KIM	WESTWINDMGT.CO	M	2012 JUN 18 SEGRETARO	and the last of
	·	to be used for future annual repor	t notification)	ASSET TO	Š.
For further information con	cerning this matter, please of	call:		25 C C C C C C C C C C C C C C C C C C C	(ii
	M. MCALLISTER	at (_941_)	952-9055	PM 19: 86	
Name of P	erson	Area Code & D	Daytime Telephone Number	ਰੂਜ ਨ	
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 end	closed) Certified	te of Status &	

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

FLA WA	<u>TERFORD CLASS A, </u>	LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appeared Limited Liability Company)	irs on our records.)		
The Articles of Organization for this Limited Liabi Florida document numberL1200007415	• • •	JUNE 4, 2012	_ and assig	ned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Comp	any," the designation "LLC	C" or the ab	breviation
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable:	-	<u> </u>	2 <u>2</u>	
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	577) 3.5 		175
	water with the control of the contro	5		emilianis.
B. If amending the registered agent and/or a		م. روم الآم سمست سست	දී ශ	
registered agent and/or the new registered office		our records, enter the	, <u> </u>	ine-new
	, , , , , , , , , , , , , , , , , , , 	O.	15	No.
Name of New Registered Agent:		9	用 65	
New Registered Office Address:				
	E	Enter Florida street address		
		, Florida		
-	City	, ,	Zin 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 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, <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
MGR	ANNA NEKORANEC	1343 MAIN STRET SUITE 702 SARASOTA EL 34236	✓ Add ☐ Remove
			Add Remove
			Add Remove
······································			Add
			Add Remove
			Add Add Remove
D. If ame	ending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessa	IZ JUN 18
-			FESTION OF THE PROPERTY OF THE
-	,		
Dated	June 15 1	POX2	
	Signature of a men	nber or authorized representative of a member	
		FRED COCHRAN	
	Tyl	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00