Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000231413 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEVINE & PARTNERS, P.A.

Account Number: 074677001117 : (305)372-1350

Fax Number : (305)372-1352

**Enter the email address for this business entity to be used for Rugare. annual report mailings. Enter only one email address please.

Email	Address:			
	MULL GOO.			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SANCTUARY AT WINTERLAKES, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$60.00

G. MCLEOD

Electronic Filing Menu

Corporate Filing Menusep 21 2012 Help

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H12000231413 3

Sanctu (Name of the Limited Lia (A Flo	ary at Wi	nterlakes, LLC ny as it now appears on liability Company)	our records.				
The Articles of Organization for this Limited Liabi Florida document numberL1200007928		were filed onJu	ine 14, 2012	and assi	gned		
This amendment is submitted to amend the following	ng:						
A. If amending name, enter the new name of the	e limited liab	ility company here:					
The new name must be distinguishable and end with th "L.L.C."	e words "Limi	ted Liability Company,"	the designation "	LLC" or the a	bbreviation		
Enter new principal offices address, if applicable	e:	3250 Mary Street, Suite 306					
(Principal office address MUST BE A STREET A	DDRESS)	Miami, FL 33133					
Enter new mailing address, if applicable:		3250 Mary Stree	t, Suite 306	SECRETA SECRETA			
(Mailing address MAY BE A POST OFFICE BO.	X)	Miami, FL 33133			PROMINE T		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered off	fice address on our	records, <u>enter</u>	E. FLORIDA	- Carmer		
Name of New Registered Agent:	Van W. Lev	rine, Esquire					
New Registered Office Address:	New Registered Office Address: 1110 Brickell Avenue, Suite 700						
	Enter Florida street address						
_			, Florida	33131			
_		City		Zip Code	_		
New Registered Agent's Signature, if changing Regi	stered Agent:						

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

H12000231413 3

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

Titte	<u>Name</u>	Address	Type of Action
MGR	Finbay Pacific, L.P.	718 Heliotrope Ave. Corona Del Mar, CA 92625	Add Remove
MGR_	Styles LP II, LLC	3250 Mary Street, Suite 306 Miami, FL 33133	✓ Add ☐ Remove
	.		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, ent	ter change(s) here: (Attach additional sheets, if necessary.)	_
			_
			
Dated	September 20	$\frac{2012}{26}$	
_	Signature of	a member or authorized representative of a member Paul C. Steinfurth	
_		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00