

L12000095818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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14 AUG - 8 AM 10:49  
DIVISION OF CORPORATE AFFAIRS

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2014 AUG - 8 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan AUG 12 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 249731 5165425

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : August 8, 2014

ORDER TIME : 10:27 AM

ORDER NO. : 249731-005

CUSTOMER NO: 5165425

DOMESTIC AMENDMENT FILING

NAME: KSH ARGATE TAMPA LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY

XX PLAIN STAMPED COPY

       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2014

CSC  
EMILY GRAY

SUBJECT: KSH ARGATE TAMPA, LLC  
Ref. Number: L12000095818

**RESUBMIT**

Please give original  
submission date as file date.

We have received your document for KSH ARGATE TAMPA, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 114A00017126

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14 AUG 11 PM 1:5  
DIVISION OF CORPORATIONS

FILED

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2014 AUG -8 AM 10: 27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KSH ARGATE TAMPA 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 07/25/2012 and assigned  
Florida document number L12000095818.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

KSH YAMATO CROSSING LLC

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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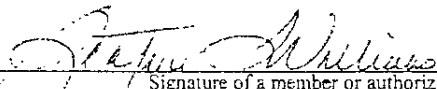
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E. Effective date, if other than the date of filing: 08/08/2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 7, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**BEATRICE T WILLIAMS, SECRETARY**  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
2014 AUG -8 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA