L12000 1444 706

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



600299409336

05/19/17--01020--006 **25.00

FILED

SEGRETARY OF STATE
SEGRETARY OF STATE

D. SCOTT MAY 2 2 2017

COVER LETTER

	egistration Sec vivision of Corp		s	
SUBJECT	r: <i>N</i>	Varson Residence Name of Lim	es CCC ited Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspon	dence concerning this matter	to the following:	
		Lee	Heaton Name of Person	
		Maison	Residences LCC Firm/Company	
		277 Ro	yal Poinciana Address	Way #156
		lee & hee	City/State and Zip Code City/State and Zip Code Companies Com to be used for future annual report not	ification)
For further	information co	ncerning this matter, please ca		
Le	Name of	Person .	at (<u>561</u>) <u>833</u> - Area Code Daytin	ne Telephone Number SSEE S
. <i>1</i>		e following amount:		SECTION DE LA CONTRACTION DE L
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

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**

MAISON RESIDENCES, LLC.		
Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comparation for the Liability Comparation for this Limited Liability Comparation for the	ny were filed on 11/15/2012	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Liu	ability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDRESS)</u>		<u> </u>
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address here.		nter the name of the
Name of New Projectured Agents		蜀姜州
Name of New Registered Agent:		85 - 1
New Registered Office Address:	Enter Florida street address	\$5500 TO
	. Florida	FEST FEST
	Clay	Zip Code =
low Registered Agent's Signature, if changing Registered Agen	ıt:	

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	3500 LLC	277 ROYAL POINCIANA WAY,	D Add
		#156	= Remove
		PALM BEACH, FL 33480	☐ Change
MGR	LEE HEATON	277 ROYAL POINCIANA WAY,	≅ Add
		#156	□ Remove
		PALM BEACH, FL 33480	Change
MGR	LINN HEATON	277 ROYAL POINCIANA WAY,	E Add
		#156	□ Remove
		PALM BEACH, FL 33480	☐ Change
			□ Add
			□ Remove
			Change
			SECOND T
			Refflower Change
··			Padg .
			□ Remove
			C C

•					
			· · · · · · · · · · · · · · · · · · ·		
					
		· · · · · · · · · · · · · · · · · · ·			
		<u> </u>			
نانانانانانانانانانانانانانانانانانانا					
· · · · · · · · · · · · · · · · · · ·					
					
	. data of Allina			_ (optional)	
ective date, if other than the effective date is listed, the date m	ust be specific and can	not be prior to date of fi	ling or more than 90 d	lays after filing.) Pur	mant to 605.020
te: If the date inserted in this ument's effective date on the	block does not meet Department of State	the applicable statute 's records.	ory filing requireme	ints, this date Will	not be listed a
record specifies a delaye		e, but not an effe	ctive time, at 1	2:01 a.m. on t	:he earlier o
he 90th day after the re	cord is filed.			اسد مارخ	公 第
		2017			
The Many					
ed MAY 9Th				3	7 - I
od MAY 9Th		MAn	~~	1500000	ETARY OF THE

Page 3 of 3

Filing Fee: \$25.00