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Certified Copies	_ Certificate	s of Status
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MAR 31 2017 S. YOUNG DEPARTMENT OF STATE SECRETARY OF

COVER LETTER

Div	ision of Corpo	orations			
SUBJECT:	WESTGATE	COMMUNITY DEVELOP	MENT COMPANY, LLC		
BUDJECT.		Name of Lim	ited Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspond	lence concerning this matter	to the following:		
		JULIE SCHULZ			
			Name of Person		
		SUMMIT GROUP MANA	GEMENT, LLC		
			Firm/Company		
		2073 SUMMIT LAKE DR	, #155		
			Address		
		TALLAHASSEE FL 3231	7	••	~~
			City/State and Zip Code		一一
		JULIE.SCHULZ@SUMMI			書 至
		E-mail address: (to be used for future annual report i	notification)	Service Service
For further in	formation con	cerning this matter, please ca	all:		TO HAR 31 PN 4: 35
JULIE SCH	JLZ		850 570-3699 at ()	1	F. (2)
	Name of P	erson		time Telephone Number	अ ह
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status	s &

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

WESTGATE COMMUNITY DEVELOPMENT COMPANY, LLC

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000158569</u>	y were filed on DEC. 19, 2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
		1 ES
		HA PERSON
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		9 5596
		<u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	nnier r ioriaa sireet aaaress	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·	Lip Colle
I hereby accept the appointment as registered agent and agr	-	ree 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

Jef 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
AMBR	THE BEATITUDE FOUNDATION, I	VC .1700 SUMMIT LAKE DR	
		TALLAHASSEE FL 32317	□ Remove
		-	☐ Change
			□ Remove
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Effective date, if other than the dat (If an effective date is listed, the date must be	e of filing:	data of filing or more than 90 day	(optional)
Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable	le statutory filing requirement	s, this date will not be listed as
the record specifies a delayed ef) The 90th day after the record		an effective time, at 12:	.01 a.m. on the earlier of
Dated MARCH 31,	2017	.•	
50.0	10	zed representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00