

L12000158569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

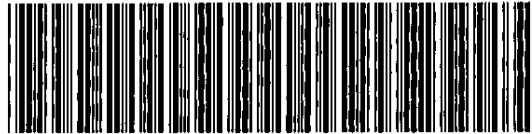
(Business Entity Name)

(Document Number)

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03/28/17--01012--005 **25.00

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DEPARTMENT OF STATE
17 MAR 28 PM 12:01

FILED
2017 MAR 28 PM 12:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

M. MILLIGAN
MAR 28 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WESTGATE COMMUNITY DEVELOPMENT COMPANY, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIE SCHULZ

Name of Person

SUMMIT GROUP MANAGEMENT, LLC

Firm/Company

2073 SUMMIT LAKE DR., SUITE 155

Address

TALLAHASSEE FL 32317

City/State and Zip Code

JULIE.SCHULZ@SUMMITGROUP.BIZ

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIE SCHULZ

850 219-8207
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
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**

FILED
2017 MAR 28 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WESTGATE COMMUNITY DEVELOPMENT COMPANY, 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 DEC. 19, 2012 and assigned
Florida document number L12000158569.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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

_____, **Florida** _____
City 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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KIMBERLY D. GARNER	1700 SUMMIT LAKE DR	<input type="checkbox"/> Add
		TALLAHASSEE FL 32317	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	<i>inc</i> BEATITUDE FOUNDATION, INC	1700 SUMMIT LAKE DR	<input checked="" type="checkbox"/> Add
		TALLAHASSEE FL 32317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Sherry C. Thompson
Signature of a member or a

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2017 MAR 28 PM12:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA