Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H13000108457 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

Email Address:

FLORIDA LIMITED LIABILITY CO. PF Poinciana LLC

Certificate of Status 0 Certified Copy 0 Page Count 05 Estimated Charge \$125.00

B. BOSTICK

Electronic Filing Menu

Corporate Filing Menu

MAY 1 5 2013 Help

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

PF Pionciana 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:

Joseph Brodigan, Jr.

Name of Porso

State Financial Services, Inc.

Firm/Company

197 Portland Street

Address

Boston, Ma 02114

City/State and Zip Code

jbrodiganjr@brodiganlaw.com

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

For further information concerning this matter, please call:

Joseph Brodigan

617, 212-6278

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

☐\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

U\$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 ARTICLES OF ORGANIZATION OF

PF Pionciana LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on May 7, 2013	and assigned
Florida document number L13000067423		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited]	liability company here:	
PF Poinciana LLC		
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Company," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS	9	
		ZOI3 HAY
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		A -
		SE F
B. If amending the registered agent and/or registered registered agent and/or the new registered office address:		the name of the new
resistered agent and/of the new resistered office andress	Wate-	9: -(
Name of New Projects of Association		6
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street add	aress .
*****	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	

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

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 = M MGRM =	anager Managing Member	•	
Title	Name	Address	Type of Action
			Add
			Removo
	·		
			Add
			Remove
			Add
			Remove
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			Remaye 5
			Add
			Remove

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If amen	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	72 R
	Signature of a member of authorized representative of a member
	Donna Brodigan
	Typed or printed name of signee

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Filing Fee: \$25.00

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