L13000089568

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	TIAW 🔝.	MAIL
(Bı	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600267695746

NOT INTENERO TO ACKNOWLEDGE NOT INTENERO DEPARTMENT OF STATE DIVISION OF STATE

15 JAN 20 AH 9: 09



JAN 2 0 2015 T. HAMPTON

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

1/20/15

NAME:

PHILLY CAPITAL PARTNERS, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION:

COVER LETTER

	egistration Sect division of Corp			
SUBJECT		APITAL PARTNERS, L	LC	
SUBJECT	·	Name of Limit	ed Liability Company	
		mendment and fee(s) are subm		
		Jill M. Ormond, Paral	legal	
			Name of Person	
		Kaplin Stewart		
			Firm/Company	and the second s
		910 Harvest Drive		
			Address	
		Blue Bell, PA 19422		
			City/State and Zip Code	
		jormond@kaplaw.con	N o be used for future annual report not	fication)
For further	r information co	ncerning this matter, please ca	di:	
Jill M. (Ormond		610 941-2583	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

		PARTNERS, LLC	
(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Li Florida document number L13000089568 This amendment is submitted to amend the following the company of the	ability Company		
A. If amending name, enter the new name of	the limited liab	ility company here:	
VENTANA COMMUNITIES, LLC			
The new name must be distinguishable and end with the	words "Limited Liab	oility Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		
			ညာ က
			JAN
Enter new mailing address, if applicable:			2 Page
(Mailing address MAY BE A POST OFFICE	BOX)		1 B B B
			<u> </u>
B. If amending the registered agent and	or registered o	Mae address on our room	The Contact the name of the name
registered agent and/or the new registered of			lus, enter the name of the new
Name of New Registered Agent:	N/A	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			
		Enter Florida street add	iress
			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 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>	Name	Address	Type of Action
		N/A	Add
			☐ Remove
			C Add
			□ Remove
			□ Remove
			Add Remove
			☐ Remove

 If amending any other information, enter change(s) N/A 	nete. (Audin additional sneets, if necessary.)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receip the date this document is filed by the Florida Department of State)	(optional) tor filed date and cannot be more than 90 days after
Dated JANUARY (2015	
Dated,	······································
Dated	·
OD Peles	authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

15 JAN 20 AM 9: 09