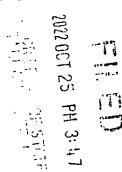
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Special Instructions to Filing Officer:	





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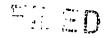
COVER LETTER

TO: Registration Section

Division of Cor	porutions		
subject: _/asa	on Lane Home Name of Limi	DWNES ASSOCIATION LIBERTY COMPANY	ion, LLC
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Mondy Coker	
	\mathcal{A}	any Sapray	
		Mendy Coker amth Sankey Name of Person	
	Vas	on Lane Honeown	ers Association LC
		08 ThomasVII/e R	
	101	City/State and Zip Code	08
		City/State and Zip Code	
	<u>Mendy C</u> E-mail address: (DLEY 1991 @ 9 mg to be used for future annual report notific	<u>ui/-com</u>
For further information c	oncerning this matter, please ca		
Mendy	Coker	at (863) 228 Area Code Daytime	1828
Nature	ir reison	Area code Dayane	receptione (value)
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	▼\$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration Sect	tion
Division of C	Corporations	Division of Corp	
P.O. Box 632 Tallahassee.		The Centre of Ta	allahassee Street, Suite 810
rananassee.	rt. 52314	4410 IN. MONTOC	Succe, Suite ATV

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Vason Lane Homeo	where Association LLC PH 3: 47
(A Florida Limited Lia The Articles of Organization for this Limited Liability Company w	bility Company) TALLA SEE, FL
Florida document number <u>L 13 0000 89 814</u>	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty 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)	3008 Thomasville Rd Talbhassee, FL 32308
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3008 Thomasville Rd. Tallahassee, FL 32308
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent: Men	la "Mendy" Coker 8 Thomasylle Rd.
New Registered Office Address: 300	8 Thomas YII/e Rd.
	Alaha 55 eC Florida 32308 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

Title	Name	Address	Type of Action
MGR	Adrian Crawford	3000 Thomasville Rd	_ MAdd
		Talkhassee, FL 32388	□Remove
			DChange
MGR	Wendy Crawford	3010 Thomasville Rd	_ SZAdd
		Tarphassee, FL 32308	□Remove
			□Change
MGR	Lisa Calvert	3000 Thomasville Rd	□Add
		Talbhassee, FL 32361	(CKemove
			☐ Change
MGR	Chris Calvert	3000 Thomasville Rd.	□Add
		Tallahassee, FL 32306	Remove
	·		□Change
MGR	Robert Coker	3008 Thomasville Rd	V Add
		Tallahassee, FL 32308	□Remove
	A .	****	□Change
MGR/ reasurer	Menla "Mendy" Coker	3008 Thomasville Rd	_ Mad / Co
	•	Talkhassee, FL 32308	7 ☐Remove
			WAAnge 5

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/ Dresident	Roger Sankey	3004 Thomasville Rd	_ Wad c5
President	<i>y</i>	3004 Thomasville Rd Talkhassee, FL 32308	□Remove
			\ Change
MGR/	Caroll Sankey	3004 Thomasville Rd Tallahassee, FL 32309	Will co
becretary		Talkhassee, FL 3230	□Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			DChange
			DAdd
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

		
		
		
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If an effective da Note: If the di	te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 are inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed fective date on the Department of State's records.	0207 d as
ord is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated	Signature of a member or authorized repulsentative of a member Cardl Sarkey Typed or printed name of sagnee	
	Carre Sanbar	
_	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00