

02/12/2015 10:18 FAX

LEOPOLD KORN LEOPOLD SNY

0010006

Division of Corporations

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L130000092708

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H15000036357 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.
Account Number : I20010000025
Phone : (786) 899-2235
Fax Number : (786) 899-2318

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

Email Address: _____

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15 FEB 12 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VINTAGE HOMES AT DELAIRE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 12 AM 7:58

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LEOPOLD KORN LEOPOLD SNY

002/006

Division of Corporations

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: VINTAGE HOMES AT DELAIRE, 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:

Richard A. Swartz

Name of Person

Vintage Homes at Delaire, LLC

Firm/Company

6001 Broken Sound Parkway, Suite 504

Address

Boca Raton, FL 33487

City/State and Zip Code

rswartz@rasmanagementcorp.com

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

For further information concerning this matter, please call:

Richard A. Swartz

at (561)

994-7570

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)

☐ \$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

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

VINTAGE HOMES AT DELAIRE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/27/2013 and assigned
Florida document number L13000092708

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 end with 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

City Florida 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

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RICHARD A. SWARTZ	6001 Broken Sound Parkway, Ste. 504	<input type="checkbox"/> Add
		Boca Raton, FL 33487	<input checked="" type="checkbox"/> Remove
MGRM	ROBERT ROHDIE	52 Vanderbilt Avenue, Suite 2007	<input type="checkbox"/> Add
		New York, NY 10017	<input checked="" type="checkbox"/> Remove
AMBR	RICHARD A. SWARTZ	6001 Broken Sound Parkway, Ste. 504	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33487	<input type="checkbox"/> Remove
AMBR	ROBERT ROHDIE	52 Vanderbilt Avenue, Suite 2007	<input checked="" type="checkbox"/> Add
		New York, NY 10017	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

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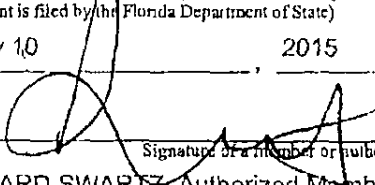
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 10, 2015



Signature of a member or authorized representative of a member

RICHARD SWARTZ, Authorized Member

Typed or printed name of signee

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Filing Fee: \$25.00

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