L13000094626

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100261463151

06/25/14--01008--015 **25.00

SECRETARY OF STATE

2014 JUN 25 AT 8: 1

14 JUN 25 FENE 2:

JUN 2 6 2014

T. HAMPTON

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CELEBRATION F	OINTE HOLD	INGS, LLC			
.13000094626					
			Art	of Inc. File	
			LTC	Partnership File	
			Fore	eign Corp. File	
			L.C	. File	
			Fict	itious Name File	
			Trac	de/Service Mark	
				ger File	
			_ √ _ Art.	of Amend. File	
			RA	Resignation	
			Diss	solution / Withdrawal	
			Anr	nual Report / Reinstatement	<u>_</u>
			Ceri	г. Сору	,
			✓ Pho	to Copy	
			Cer	tificate of Good Standing	_
			Cer	tificate of Status	
			Cer	tificate of Fictitious Name	
			Cor	p Record Search	
			Off	icer Search	
			Fict	itious Search	
Signature		<u>, , , , , , , , , , , , , , , , , , , </u>	Fict	itious Owner Search	
			Veh	icle Search	
			Dri	ving Record	
Requested by: BA	6/25/14		uc	C 1 or 3 File	
Name		Time	UC	C 11 Search	
			uc	C 11 Retrieval	
Walk-In	Will Pick Ur)	Con	ırier	

COVER LETTER

TO:	Registration Section
	Division of Corporations

CELEBRATION POINTE HOLDINGS, 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:

CHARLES I. HOLDEN, JR.

Name of Person

HOLDEN, CARPENTER & ROSCOW, PL

Firm/Company

5608 NW 43RD STREET

Address

GAINESVILLE, FL 32653

City/State and Zip Code

SVEIN@VIKINGCONSTRUCTION.ORG

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

For further information concerning this matter, please call:

CHARLES I. HOLDEN, JR.

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

CELEBRATION POINTE HOLDINGS, LLC

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

(A Flor	ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L13000094626	Company were filed on JULY 2, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the words "	Limited Liability Company," the designation "LLC" or the abb	previation "LLC."
Enter new principal offices address, if applicable:		<u> 18</u>
(Principal office address MUST BE A STREET ADI	DRESS)	
		S 2 5
		THE RES
Enter new mailing address, if applicable:		18: 48: 48: 48: 48: 48: 48: 48: 48: 48: 4
(Mailing address MAY BE A POST OFFICE BOX)		25 To
		·
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		e name of the new
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City , Florida	Zip Code
New Registered Agent's Signature if changing Register	ed 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 Title Name **Address** Type of Action 2579 SW 87 DRIVE MGR CP INVESTMENTS, LLC □ Add GAINESVILLE, FL 32608 Remove 2579 SW 87 DRIVE MGR SHD-CELEBRATION POINTE, LLC Add GAINESVILLE, FL 32608 ☐ Remove □ Add □ Remove □ Add ☐ Remove □ Add ☐ Remove

The LLC is to be managed by a manager, and is, therefore, a m	•
The name and address of such manager who is to se	rve as manager is:
SHD-CELEBRATION POINTE, LLC, a Florida limited	liability company
2579 SW 87 DRIVE, GAINESVILLE	, FL 32608
	(ontional)
Effective date, if other than the date of filing:	(optional)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cathe date this document is filed by the Florida Department of State)	
(The effective date must be specific, cannot be prior to date of receipt or filed date and ca	
(The effective date must be specific, cannot be prior to date of receipt or filed date and can the date this document is filed by the Florida Department of State)	
(The effective date must be specific, cannot be prior to date of receipt or filed date and can the date this document is filed by the Florida Department of State)	nnot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

