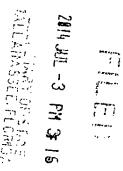
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COVER LETTÈR

TO:	gistration Section vision of Corporations	
SUBJE	VI II a De Tuskawilla LLC Name of Limited Liability Company	
The en	ed Articles of Amendment and fee(s) are submitted for filing.	
Please	n all correspondence concerning this matter to the following:	
	Jamle M. Harry RN, RD Name of Person Tuscawilla Villa, UC Firm/Company 995 Tuscawilla Rd Address Winter Springs, FL 32718 City/State and Zip Code Inarry 6 2@ Me. Com or tuscawillarilla E-mail address: 40 be used for future annual report notification)	
	E-mail address: (to be used for-future annual report notification)	-CVI (
For fur	information concerning this matter, please call:	
	Name of Person at (H07), 637-0273 Area Code Daytime Telephone Number	
Enclos	a check for the following amount:	
□ \$2	Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & Certified Copy (certified Copy (additional copy is enclosed) 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

Villa of Tuskau	ulla, LLC
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number	1 1
This amendment is submitted to amend the following:	72
A. If amending name, enter the new name of the limited liabili	ity company here:
Tuscawilla Vil	la, LLC & & T
The new name must be distinguishable and end with the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	(Same) w = 995 Tuskawilla Rd = =
(Principal office address MUST BE A STREET ADDRESS)	995 Tuskawilla Rd 📆 🚡
	Winter Springs FL 32708
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(same-unchanged) 995 Tuskawilla Rd Winter Springs FL 32708
B. If amending the registered agent and/or registered office address here:	
Name of New Registered Agent:	umains same - Jamie McCaslini Harry address same - as above
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	NA

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address 0 /	Type of Action
		Address Sume	_ _ _ \dd
			Remove
		- remains	200 All Semove Remove 3
			200 P
			Remove
			
			Remove
			Remove
			□ Add
			□ Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if necessor		
Effective date, if other than the date of filing: 07/01/2014 (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)	г	~>
Dated July 01 , 2014.		2014 班 -
Signature of a member or authorized representative of a member Tamie W Hamy	PO TO	<u>의</u> 말
Typed or printed name of signed	() <u></u>	<u>इस</u> —

Page 3 of 3

Filing Fee: \$25.00