

L13000118031

(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



700285683617

05/13/16--01029--016 **25.00

FILED
16 MAY 13 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/16/16 S

COVER LETTER

**TO: Registration Section
Division of Corporations**

Reunion West SPE, LLC

SUBJECT: _____
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:

Hannah Smith

Name of Person

Governmental Management Services- Central Florida, LLC

Firm/Company

135 West Central Blvd, Suite 320

Address

Orlando, FL 32801

City/State and Zip Code

hsmith@gmstnn.com

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

For further information concerning this matter, please call:

Hannah Smith

865

717-7700 ext 103

at (_____) _____

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

FILED
16 MAY 13 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Reunion West SPE, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/20/2013 and assigned
Florida document number L13000118831.

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 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)

1530 Celebration Blvd

Suite 405

Celebration, FL 34747

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1530 Celebration Blvd

Suite 405

Celebration, FL 34747

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:

Citicommunities, LLC

New Registered Office Address:

1530 Celebration Blvd, Suite 405

Enter Florida street address

Celebration

Florida 34747

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	James Bagley	1530 Celebration Blvd	<input checked="" type="checkbox"/> Add
		Suite 405	<input type="checkbox"/> Remove
		Celebration, FL 34747	<input type="checkbox"/> Change
AMBR	John Chiste	1530 Celebration Blvd	<input checked="" type="checkbox"/> Add
		Suite 405	<input type="checkbox"/> Remove
		Celebration, FL 34747	<input type="checkbox"/> Change
MGR	Darrin Mossing	1727 James Ferry Rd	<input type="checkbox"/> Add
		Kingston, TN 37763	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
JUN 13 AM 10:45
TALLAHASSEE, FLORIDA
SECRETARY OF STATE


10 MAY 13 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


FILED
10 MAY 13 AM 10:45
SECRET
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member


Typed or printed name of signee