## 4/3000127561

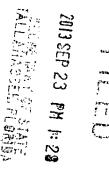
(Requ	estor's Name)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CENTRAL PARC AT HEATHROW, LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
PAUL CIPPAROJE Nume of Person
CAPPARONE + CAPPARONE, P.A.  Firm/Company
1540 INTECNATION AL PARKWAY, SUITE 1000 FINE SERVICE STATE S
CHIE 1-140 1 COOLON SER 14
PCIPPAROLE & CIPPAROL CPA. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PAYL CIPPARD S at (32) 275-5914  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee Certificate of Status  Certificate of Status  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

(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 Compared	ny were filed on SEPTEMBEL 10, 200 Sand assigned		
Florida document number L1300012756			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lin	shility company here:		
	)		
The new name must be distinguishable and end with the words "Li "L.L.C."	imited Liability Company," the designation "LLC" or the abbreviation		
	(0) 23 T		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	(D-1)		
	19-773 GD		
Enter new mailing address, if applicable:	134 ·		
(Mailing address MAY BE A POST OFFICE ROX)	7025 CR 46A STE. 1071 #139		
Manual and ess mai he a roat office how	LAKE MARY, FL 32746		
	CADE TITLE TO SOTTO		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>enter the name of the new</u> nere:		
Name of New Registered Agent:	<del></del>		
New Registered Office Address:			
	Enter Florida street address		
	Florida		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>		
I hereby accept the appointment as registered agent and a			

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM =	Managing Member		
Title	<u>Name</u>	Address	Type of Action
			Add
			Remove
			<u>.</u>
			Add
			Remove
			20 3 SEA
			Remove T
			FLORI E
			Add
			Remove
	•		
			Add
	- ·-		Remove
			Add
		,	Remove

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	SEPTEMBER 17 , 2013 .
	Third
	Signature of a momber or authorized representative of a member
	Miguelde Arros
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

2013 SEP 23 PM 1:28