L13000137501

(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



800262407238

07/18/14--01027--001 **25.00



O. BRUCE

EFFECTIVE D. JE 08/10/14

COVER LETTER

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 filing.
Please return all correspondence concerning this matter to the following:
Adel Suarez Name of Person
Paradigm Property Management
P.O. Box 3008 Address
Winter Park F1 32790-3008 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Adel Syarez at (407) 333-9565 = Name of Person at (407) 333-9565 = The Name of Person at (407) 333-9565
Enclosed is a check for the following amount:
Enclosed is a check for the following amount: \$\sum_{\text{\$\frac{1}{2}}}\$

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

Central Parc at Heathro (Name of the Limited Liability Company) (A Florida Limited Liability Company)	y as it now appears on our records,)
(A Florida Limited Lia The Articles of Organization for this Limited Liability Company w Florida document number <u>L130012756</u> .	Alialasia
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and end with the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	174 W Constock Ave Suite 210
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Winter Park F1 32790 P.O. Box 3008 Winter Park F1 32790-3008
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	Visit in the second of the sec
Name of New Registered Agent:	·
New Registered Office Address:	Enter Florida street address Florida
	City Stip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree or oversions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am familiar with and covided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

EFFECTIVE DATE DO 16/14

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

<u>`itle</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			☐ Remove
			Remove
			Add
			□ Remove
			Add
			Remove
			20
			Ade I
			Remove FILOS
			S.IVI

ffective date, if other than the date of filing: 8/10/2014 (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
he date this document is, filed by, the Florida Department of State)
Dated 7/15/14 ,
Signature of a member or authorized representative of a member Migute Acos

Page 3 of 3

Filing Fee: \$25.00

2014 JUL 18 PHI2: 07