Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000102947 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ADAMS AND REESE LLP

Account Number : 076077001601 Phone

1 (727)502-8230

Fax Number

: (727)502-8943

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

mark, embree @ arlaw, com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAKE BUENA VISTA PROPERTIES, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$60.00

Electronic Filing Menu

Corporate Filing Menu

Help

4/29/2014

\* APR. 29. 2014 5:57PM

ADAMS AND REESE

## NO. 256100 F 22947 3 2014 APR 30 AM 8: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BUENA VISTA PROPER	
	ited Liability Company as it now app (A Florida Limited Liability Compan	y)
The Articles of Organization for this Limited Florida document number L14000007352	Liability Company were filed on	January 14, 2014 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company	here:
The new name must be distinguishable and end with th	e words "Limited Liability Company,"	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	·
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE		
2011 00 1 1 10 1		
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		on our records, enter the name of the n
New Registered Office Address:	9111 Lytham Court	
	Enter F	lorida street address
	Orlando	, Florida 32819
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as register		is capacity. I flother agree to comply with i

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

Page 1 of 3

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Robert J. Guidry	1901 Manhattan Blvd.	
		Bldg H, Suite 101	■ Remove
		Harvey, LA 70058	
MGR	Shawn J. Guidry	1901 Manhattan Blvd.	
·· —	•	Bldg H, Suite 101	□ Remove
		Harvey, LA 70058	
			D Remove
			_
<del></del>			
			□ Remove
			<b>_</b> .
			□ Add
			Remove
			_
<del></del>			□ Add
			_ CI Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. 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 cannot be more than 90 days after the date this document is filed by the Florida Department of State)
Dated April 29, 2014
Show This
Signature of a member or authorized representative of a member
Shawn J. Guidry, Manager of Guidry Land Partners, LLC, Member
Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00 FILED 29 APR 30 AM 8: 29