@0001/0004 Page 1 of 1

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.

(((H14000050250 3)))



H140000502503ABCR

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

To:

98058,0295

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIPP SCOTT, P.A.

Account Number : 075350000065

Fax Number

Phone : (954)525-7500 : (954)761-8475

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RED APPLE AT DEERWOOD, LLC

FEB 28

Certificate of Status	_ 9
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

B HelpTICK

MAR - 3 2014

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATIO

H14000050250

ARTICLES OF ORGANIZATION OF

	E AT DEERWOOD, LLC
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L14000019629</u>	mpany were filed on FEBRUARY 4, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limits	ed liability company here:
RED APPLE AT SOUTHSIDE, LLC	
	ted 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 ADDRE	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	- Lake
	The second secon
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, <u>enter the name of the new</u> ess here:
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	
	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with the mplete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is affice address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

#14000050250

	r	•				
0.2	1/2	28/2014	14:59	FAX	9547618	475

Tripp Scott

20003/0004

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:

0000 502 50

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
	·		□ Remove
			·
	•		Add
			☐ Remove
		·	□ Add
			☐ Remove
			Remove
		· · · · · · · · · · · · · · · · · · ·	Remove ⊖
			· · · · · · · · · · · · · · · · · · ·
			Add
			Remove
	,		Add
			□ Remove

D. If amending any other information, enter change(s) here: (Attack additional sheets, if necessary.)	H14000050250
	
· · · · · · · · · · · · · · · · · · ·	_
	-
E. Effective date, if other than the date of filling: (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 Plorida Department of State)	
Dated FEBRUARY 27 2014	
Signature of a member or authorized fepresentative of a member	
Jonathan K. Hage, President	

Page 3 of 3 Filing Fee: \$25.00

H14 0000 50250

A II: 31