L140000 41466

(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



100261632291

06/25/14--01006-+009 **25.00

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: Veron	Name of Limit	at Oakland Pa ted Liability Company	rk LLC
The enclosed Articles of Ame	endment and fee(s) are subr	nitted for filing.	
Please return all corresponder	nce concerning this matter t	to the following:	
		Name of Person	
-		Firm/Company	<u> </u>
-		Address	
-		City/State and Zip Code	<u> </u>
_	E-mail address: (to	o be used for future annual report not	ification)
For further information conce	rning this matter, please ca	11:	
Amit 2 Name of Per	,a z	at (<u>954</u>) <u>822-</u> Area Code Daytin	COSZ ne Telephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee C	3 \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

				City		Zip	Code	
					, Florid	la		·
				Enter Moria			273	
<u>New</u>	Registered Office Add	ress:		Futor Florid	street address		7.7	٠, ,
								. `.
Nam	ne of New Registered A	vent:				,		
				-		11.	••••	
B. If amend	ding the registered as ent and/or the new reg	gent and/or regis	stered off lress here	ice address on a	our records, <u>e</u>	nter the r	ame of	f the nev
								
(Mailing addr	ress MAY BE A POST	OFFICE BOX)						
	ailing address, if appli			-				
.								
			113007					
=	ice address MUST BE		RF (C)	·			<u>.</u>	
Enter new nr	incipal offices address	if annlicable:						
The new name m	nust be distinguishable and e	nd with the words "Li	mited Liabi	lity Company," the de	signation "LLC" o	or the abbrevi	ation "L.I	C."
A. II amendi	ing name, <u>enter the ne</u>	w name of the lim	<u>iited liabi</u>	lity company here	2:			
	ent is submitted to amer	_	.24 . 3 1* . 5 **	114				
			<u> </u>					
	nent number <u>L14</u> 00							,
The Articles of	of Organization for this	Limited Liability (Company	were filed on 0	3-12-201	۲ a	nd assig	ned
		(A Florid	a Limited L	iability Company)	,			
	Verona (Name)	Gardens of the <u>Limited Liabil</u> (A Florid	スナ ity Compan	Ua F Wad	Yar F	LLC		
	11-	6-10-6	1	1.61.	2 h	112		

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 the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Homey Hom LLC	600 Bellflower Rd	Add
		600 Bellflower Rd Langhorne, 7A 19047	Remove
			Remove
			Add
			□ Remove
		· · · · ·	□ Add
			Remove
			□ Remove
			Add
			_□ Remove

	t be prior to date of receipt or filed date and cannot be more than 90 days after rida Department of State)
ne date this document is filed by the Flor	
the date this document is filed by the Flor	rida Department of State)
the date this document is filed by the Flor	rida Department of State)

Page 3 of 3

Filing Fee: \$25.00