## <u>114000066667</u>

(Re	equestor's Name)	,
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
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June 9, 2015

CHRIS MERRILL 2518 EDGEWATER DR ORLANDO, FL 32804

SUBJECT: FAIRVIEW GRANDE RENTALS LLC

Ref. Number: L14000066663

We have received your document for FAIRVIEW GRANDE RENTALS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 815A00012064

## **COVER LETTER**

Fairview Grande Rentals LLC

TO:

Registration Section, Division of Corporations

MAILING ADDRESS: Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

	Name of Limi	ited Liability Company	
m			
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
-		Name of Person	<u> </u>
		Ph Law Gru Firm/Company	ry
	2518	Edgewater	Drive
	Orl	lando, FL =	32804
		City/State and Zip Code  O /SCN/awg	//
	•	o be used for future annual report wefi	fication/
For further information con	ncerning this matter, please ca	ill:	
Chns Name of	1ewll Person	at (407) 42 3 Area Code Daytim	3 -556/ e Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	2 \$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)

STREET/COURIER ADDRESS:

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAIRVIEW GRANDE RENTALS, LLC	
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability	y Company were filed on APRIL 24, 2014 and assigned
Florida document number L14000066663	·
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the i	imited liability company here:
FAIRVIEW GRANDE RESIDENCES, LLC	
The new name must be distinguishable and contain the words "l	Limited 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 AD	DRESS)
	-
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re	gistered office address on our records, enter the name of the ne
registered agent and/or the new registered office a	ddress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
<del></del>	City Zip Code

## 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			☐ Change
			□ Add
			П Remove
			☐ Change
<del></del>			Add
			□ Remove
			☐ Change
			Remove
			□ Change
<del></del>			□ Add
			□ Remove
			Change
<del></del>		<del></del>	Add
			☐ Remove
			Change

Note	ctive date, if other than the date of filing:  (optional)  effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of: e $90$ th day after the record is filed.
Date	d. 6/10, 2015.
	Signature of a member or authorized representative of a member
	ANGELA DIMUNDO

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Filing Fee: \$25.00