

L14 000 112593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

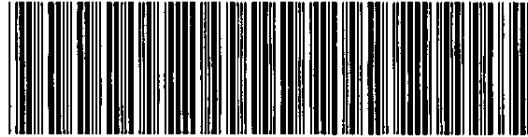
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 JUN 15 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 16 2015

J SHIVERS



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340 N. Westlake Blvd. | Suite 210 | Westlake Village, CA 91362

June 3, 2015

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Summerplace at Orlando-Summerfield, LP

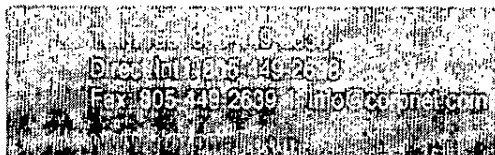
To whom it may concern:

The Enclosed Articles of Amendment and Fee(s) are submitted for filing. Also, please find enclosed a check for state filing fees in the amount of **\$25.00** made payable to the FL Dept of State. For information to this filing at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addresses stamped envelope included.

Sincerely,

**Amanda J. Beren, Document Processor**  
CorpNet, Incorporated  
888-449-2638 Ext. 105  
aberen@corpnet.com



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Summerplace at Orlando, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/16/2014 and assigned Florida document number L14000112593.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Summerplace at Orlando-Summerfield, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2637 E. Atlantic Blvd., Suite 32603

(Principal office address MUST BE A STREET ADDRESS)

Pompano Beach, FL 33062

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

City

SECRETARY OF STATE  
ALLAHUSSEIN  
15 JUN 15 PM 1:58  
FLORIDA  
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 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  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FDC Capital Partners, LLC	2637 E. Atlantic Blvd., Suite 32603	<input checked="" type="checkbox"/> Add
		Pompano Beach, FL 33062	<input type="checkbox"/> Remove
MGR	FDC Partners Management, Inc.	2637 E. Atlantic Blvd., Suite 32603	<input checked="" type="checkbox"/> Add
		Pompano Beach, FL 33062	<input type="checkbox"/> Remove
AMBR	Summerplace at Orlando, LP	250 Fischer Ave.	<input type="checkbox"/> Add
		Costa Mesa, CA 92626	<input checked="" type="checkbox"/> Remove
MGR	PDC Partners Management, Inc.	250 Fischer Ave.	<input type="checkbox"/> Add
		Costa Mesa, CA 92626	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Four horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated June 3rd, 2015

Signature of a member or authorized representative of a member

Neil Richardson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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