

L14000131072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

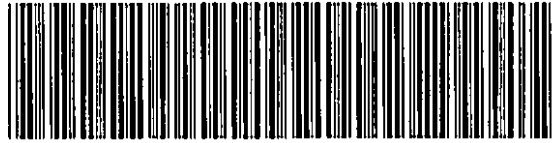
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700314497657

06/14/18--01010--027 \*\*55.00

2018 JUN 14 A 6:41

FILED

4/18/2018



**SPROUSE SHRADER SMITH PLLC**  
ATTORNEYS AT LAW

DARCI DARBY, Paralegal  
(806) 468-3357

[darci.darby@sprouselaw.com](mailto:darci.darby@sprouselaw.com)

June 13, 2018

**Via Federal Express**

Florida Department of State  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Request for Expedited Filing and Certified Copy of Articles of Amendment

Dear Clerk:

Enclosed please find our firm check in the amount of \$55.00 which I understand to be the cost for the requested Expedited Filing and Certified Copy of the Articles of Amendment to the Articles of Organization for Colony House Manager, LLC (Document #L14000131072). Please return the certified copy to me in the pre-paid Federal Express envelope enclosed.

If you have any questions or comments, please do not hesitate to contact me. Thank you for your time and attention to this matter.

Sincerely,

SPROUSE SHRADER SMITH PLLC

Darci Darby  
Paralegal

Encl.

1055614\_1.docx  
6776.022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Colony House Manager, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matt Sadler

Name of Person

Sprouse Shrader Smith PLLC

Firm/Company

701 S. Taylor, Suite 500

Address

Amarillo, Texas 79101

City/State and Zip Code

wbutler@engelrealty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matt Sadler

806 349-4716  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$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

FILED  
JUN 11 9 11 AM '03

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

Colony House Manager, 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 08/20/2014 and assigned  
Florida document number L14000131072.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "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 ADDRESS)

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*

*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> | <u>Name</u>               | <u>Address</u>        | <u>Type of Action</u>                      |
|--------------|---------------------------|-----------------------|--|
| MGR          | Engel Realty Company, LLC | 951 18th Street South | <input type="checkbox"/> Add               |
|              |                           | Suite 200             | <input checked="" type="checkbox"/> Remove |
|              |                           | Birmingham, AL 35205  | <input type="checkbox"/> Change            |
| MGR          | William A. Butler         | 951 18th Street South | <input checked="" type="checkbox"/> Add    |
|              |                           | Suite 200             | <input type="checkbox"/> Remove            |
|              |                           | Birmingham, AL 35205  | <input type="checkbox"/> Change            |
|              |                           |                       | <input type="checkbox"/> Add               |
|              |                           |                       | <input type="checkbox"/> Remove            |
|              |                           |                       | <input type="checkbox"/> Change            |
|              |                           |                       | <input type="checkbox"/> Add               |
|              |                           |                       | <input type="checkbox"/> Remove            |
|              |                           |                       | <input type="checkbox"/> Change            |
|              |                           |                       | <input type="checkbox"/> Add               |
|              |                           |                       | <input type="checkbox"/> Remove            |
|              |                           |                       | <input type="checkbox"/> Change            |
|              |                           |                       | <input type="checkbox"/> Add               |
|              |                           |                       | <input type="checkbox"/> Remove            |
|              |                           |                       | <input type="checkbox"/> Change            |

11

10.9.11 11:11

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be used as the document's effective date on the Department of State's records.

Dated June 13 2018

**Matt Sadler, Authorized Representative**

Page 3 of 3

**Filing Fee: \$25.00**