## L14000135590

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SHRIF	ECT:	old Oak Esta	te, LLC	
CLA	2011		ited Liability Company	20-09-1
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Susan	Fields Name of Person	
			Name of Person	
			Firm/Company	And Section (1986) - I de Section and Section (1986) and Advanced
		24300 Sta	te Road 60 Address	
			Address	<del></del>
		Vero Bea	City/State and Zip Code  (c 15@ g M Ci 1. C M)  to be used for future annual report noti	
			City/State and Zip Code	
		Susant	615@gmail.com	
				ncation)
For fur	ther information c	oncerning this matter, please ca	all:	
	Susan	Fields	at (172) 473-Area Code Daytim	7109
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$25	5.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Old Oak Estate	, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appe Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L14C00135590</u>	were filed on _	08/29/2014	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company	here:		
Bellewood Plantation, LLC The new name must be distinguishable and contain the words "Limited Liabil				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the	e designation "LLC" or the a	bbreviation "L	.L.C."
Enter new principal offices address, if applicable:	nla			for V F
(Principal office address MUST BE A STREET ADDRESS)				1 i
				\$1.79°
Enter new mailing address, if applicable:	nla	,		
(Mailing address MAY BE A POST OFFICE BOX)				
	<del></del>	_ <del> </del>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:	<u>e</u> :	on our records, <u>enter</u>	the name	of the new
Name of New Registered Agent.				
New Registered Office Address:	Enter F	lorida street address		<del></del>
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre	ee to act in thi	s capacity. I further ag	ree to com	ply with the

If Changing Registered Agent, Signature of New Registered Agent

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.

or removed	from our records:		
MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective da reffective (	te, if other than the date date is listed, the date must be specified the inserted in this block of	of filing:	be prior to date of fil	ing or more than 90	(optional) days after filing.)	Pursuant to 6	05.02
	date inserted in this block defective date on the Department			ry ming requiren	ients, this date w	iii not be i	isiea
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