

L14000146569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

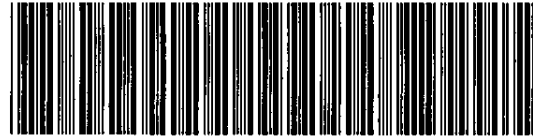
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/24/14--01019--009 **25.00

SEP 24 2014
OFFICE OF STATE
CLERK
TOLSON, VA

FILED

B. BOSTICK
SEP 29 2014
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ORMOND EXCHANGE ACCOMMODATION TITLEHOLDER, 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:

Mindy Sigle

Name of Person

The Ferber Companies

Firm/Company

151 Sawgrass Corners Drive, Suite 202

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

msigle@ferbercompany.com

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

For further information concerning this matter, please call:

Mindy Sigle

Name of Person

at **904 285-7600**

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

2014 SEP 24 P 4:11
 FILED

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

ORMOND EXCHANGE ACCOMMODATION TITLEHOLDER, 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 09/18/2014 and assigned Florida document number L14000146569.

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 end with 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)

FILED
2014 SEP 22 P 4
TALLAHASSEE, FL

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 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>
MGR	Paul S. Ferber	151 Sawgrass Corners Drive, Suite 202	<input type="checkbox"/> Add
		Ponte Vedra Beach, FL 32082	<input checked="" type="checkbox"/> Remove
MGR	Paul S. Ferber, Jr.	14255 US HIGHWAY 1, SUITE 265	<input type="checkbox"/> Add
		Juno Beach, FL 33408	<input checked="" type="checkbox"/> Remove
MGR	CDECRE, LLC	Corporation Trust Center	<input checked="" type="checkbox"/> Add
		1209 Orange Street	<input type="checkbox"/> Remove
		Wilmington, DE 19801	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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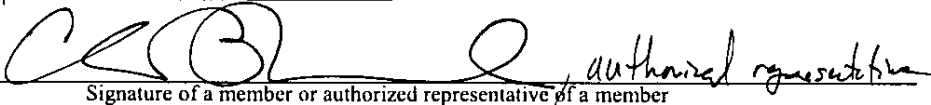
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SEP 11 2011
STATE

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 9/22/14


Signature of a member or authorized representative of a member

C. Guy Bond, Esq.
Typed or printed name of signee

FILED
2014 SEP 22 PM 4:01
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA