

L14000151643

(Requestor's Name)

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TALLAHASSEE, FLORIDA

DEC 11 2014
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JD WIN 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:

IRWIN H. LEVINE

Name of Person

LEVINE-THOMAS & ASSOCIATES LLC

Firm/Company

5769 N ANDREWS WAY

Address

FT LAUDERDALE, FL 33309

City/State and Zip Code

ADMIN@LEVINETHOMAS.COM

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

For further information concerning this matter, please call:

DEBORAH THOMAS

954 229-1220

Name of Person

at (_____)_____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
14 DEC 10 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

December 2, 2014

IRWIN H LEVINE
LEVINE-THOMAS & ASSOCIATES LLC
5769 N ANDREWS WAY
FT LAUDERDALE, FL 33309

SUBJECT: JD WIN LLC
Ref. Number: L14000151643

We have received your document for JD WIN LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return 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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 214A00025330

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

JD WIN 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 9-29-2014 and assigned
Florida document number L14000151643.

This amendment is submitted to amend the following:

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

~~THE VILLAGE GROUP LLC~~ AT THE VILLAGE GROUP & BOCA WEST 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:

(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

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MGR = Manager
AMBR = Authorized Member

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TALLAHASSEE, FLORIDA
Adm

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 NOV. 18, 2014

Dec 5, 2014 *

Irwin H. Levine

Signature of a member or authorized representative of a member

IRWIN H. LEVINE

Typed or printed name of signee

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Filing Fee: \$25.00

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