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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number: I19990000006 Phone

: (407)425-7010 Fax Number : (407)425-2747

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRIMA VISTA VILLAGE DEVELOPER, LLC

Certificate of Status	0_
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Page Count	07
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u></u>	Prima Vista Village Developer, LLC smc of the Limited Liability Company as it now appea (A Florada Limited Liability Company)	rs on our records.)	
The Articles of Organization for	this Limited Liability Company were filed on	09/30/2014	and assigned
Florida document number	L14000152166	•	
This amendment is submitted to a	amend the following:		
A. If amending name, enter the	e new name of the limited liability company h	ere:	
The new name must be distinguishable	and contain the words "Limited Liability Company." the d	designation "LLC" or the a	bbroviation "L.L.C."
Enter new principal offices add	ress, if applicable:		
(Principal office address MUST	BE A STREET ADDRESS)	<u></u>	
		<del></del>	<del></del>
Enter new mailing address, if a	pplicable:		
Mailing address MAY BE A PO	- <del> </del>		
		<del></del>	
3. If amending the registere registered agent and/or the new	d agent and/or registered office address on registered office address here:	our records, <u>enter</u>	the name of the r
Name of New Registere	d Agent:		
New Registered Office		rida strees address	A 2
	Enter Flor		le > m
	City	, Florida 🚍	Tip Code
New Registered Agent's Signature	a if changing Registered Agent:	10A	TE 0
hereby accept the appointmen	t as registered agent and agree to act in this o	capacity. I further as	ree to comply with t

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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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>	Name	Address	Type of Action
Member	Glen Bamberger	1105 Kensington Park Drive	
		Suite 200	
		Altamonte Springs, FL 32714	Change
Member	Ryan VonWeller	1105 Kensington Park Drive	<u></u> ⊠Add
		Suite 200	☐ Remove
		Altamonte Springs, FL 32714	Change
			Remove
			□ Change
	<u> </u>		
			TALLAHASSE
			ORAL Remove
			□ Add
			☐ Remove
			Change

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<ul> <li>If the date insert quent's effective d</li> </ul>	ied in this block does n are on the Department	ot nices the applicat of State's records.	ole statutory filling	requirements, this dat	e will not be diste
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	or the record to like	. • .			
o	TOBER 18	_, 2016_			
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<u> </u>	Signature of	of a member or author	ized representative o	i'a member	<del></del>
	<u> </u>	60		_	
	(TLG	United assessing	name of signed	<u> </u>	

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