

L14000159653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

SEP 26 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Marion County Development 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:

Amy L. Young

Name of Person

The Villages of Lake-Sumter, Inc.

Firm/Company

1020 Lake Sumter Landing

Address

The Villages, Florida 32162

City/State and Zip Code

legalnotices@thevillages.com

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

For further information concerning this matter, please call:

Amy L. Young

352 753-6729

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

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

Marion County Development 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 October 13, 2014 and assigned Florida document number L14000159653.

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)

1020 Lake Sumter Landing

The Villages, Florida 32162

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1020 Lake Sumter Landing

The Villages, Florida 32162

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:

Brian D. Hudson, Esq.

New Registered Office Address:

1020 Lake Sumter Landing

Enter Florida street address

The Villages

, Florida 32162

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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CLERK OF STATE
TALLAHASSEE, FLORIDA

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	Marion CON Recipient Company, LLC	1020 Lake Sumter Landing	<input checked="" type="checkbox"/> Add
		The Villages, Florida 32162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P/AMBR	Divittorio, Thomas	101 E. State Street	<input type="checkbox"/> Add
		Kennett Square, PA 19348	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
S/AMBR	Sherman, Michael	101 E. State Street	<input type="checkbox"/> Add
		Kennett Square, PA 19348	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AS/AMB	Berg, Michael	101 E. State Street	<input type="checkbox"/> Add
		Kennett Square, PA 19348	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
T/AMBR	Edwards, Richard J	101 E. State Street	<input type="checkbox"/> Add
		Kennett Square, PA 19348	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

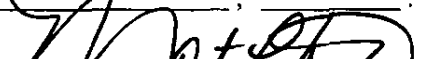
[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

September 22, 2017



Signature of a member or authorized representative of a member

Martin L. Dzuro

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA