Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone Fax Number : (561)694-8107 : (561)694-1639

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EMERALD VILLAS PHASE TWO, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMERALD VILLAS PHASE TWO, LLC				
(Name of the Limited Limbility Committee (A Florida Limited	nny as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company Florida document number L14000165799	were filled on 10/23/2	2014	_ and assig	med
This amendment is submitted to amend the following:				
A. If smending name, enter the new name of the limited liab	oility company here:			•
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the design	nation "LLC" or the abbre	eviation "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)			ත	
			: <u>13</u>	
			N. N	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on ou re:	r records, enter th	ie name o	f the new
Name of Nov. Bonistered &		<u> </u>	<u></u>	5 · · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		201	4-1	
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 ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my provided for in Cha	duties, and I am fai pter 605, F.S. Or, if	miliar with this docum	and nent is

If Changing Registered Agent, Signature of New Resistered Agent

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
MGR	EMERALD VILLAS PHASE TWO MANAGER, LLC	315 S. BISCAYNE BLVD., 4TH FL	
		MIAMI, FL 33131	Remove
			☐ Change
MGR	RUDG MANAGER, LLC	315 S. BISCAYNE BLVD., 4TH FL	Add
		MIAMI, FL 33131	□ Remove
			☐ Change
			D Add
			☐ Remove
			☐ Change
			D Add
			□ Remove
			S Ohango
			Add
			Change
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			Change

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Mective date, if other an effective date is listed, the lote: If the date inserted ocument's effective date	l in this block does no	t meet the appli-	cable statutory fil	more than 90 days after ing requirements, the	ional) r filing.) Pursus is date will ne	ini to 605.02 of be listed a
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Pated <u>Sprem</u>			norized representati	ve of a member		

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