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5 COVER LETTER -8 TO: Registration Section Division of Corporations Dunlawton Yorktowne Unit 5.1, 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: Paul F. Holub, Jr. Name of Person Dunlawton Yorktowne Unit 5.1, LLC Firm/Company 1185 W. Granada Blvd., Suite 12 Address Ormond Beach, Fi 32174 City/State and Zip Code gina whde Qaol. Com E-mill address: (to be used for future annual report notification) For further information concerning this matter, please call:

Paul F. Holub, Jr. at (384) 477-7617
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	11 ib		APR -3 AM II:30
Dunlawton York town c (Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on Liability Company)	our records.)	METARTOT STATE LAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company Florida document number <u>L140001959 67</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the desig	gnation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1185 W.	Granada	Blud
Principal office address MUST BE A STREET ADDRESS)	Suite 12		- 32174
	URMond I	seach, Pl	- 32174
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r records, <u>en</u>	ter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida :	turnet address	
	enter r torida s		
	City	, Florida	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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	date, if other than the date of filing: (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
Dated	Handa 30, 2015.
	(
	Signature of a member or authorized representative of a member Paul F. Holub, Ja.
	rate r. Holieb, Jk.

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Filing Fee: \$25.00