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SECRETARY OF STATE
TALLAHASSEE, FI STATE

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COVER LETTER

TO: Registration S Division of Co			
Colonial \ SUBJECT: _	Waterford Partners, LLC		
SUBJECT:	Name of Lir	nited Liability Company	<u></u>
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Rowland H. Geddie, III		
		Name of Person	
	Gardner Capital, Inc.		
		Firm/Company	
	1414 E. Primrose Street, S	Suite 100	
	 	Address	
	Springfield, Missouri 658	04	
	44:-0.	City/State and Zip Code	SEC SEC
	rgeddie@gardnercapital.co E-mail address:	m (to be used for future annual report notifi	cation) Am E
For further information of	concerning this matter, please c	·	SECRETARY O ALLAHASSEE.
Rowland H. Geddie, III		417 447-4623 at ()	Telephone Number 27 P
Name o	of Person	Area Code Daytime	Telephone Number 20 5
Enclosed is a check for t	he 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

Colon	nial Waterford Partners, LLC
(<u>Name of the Limited Lial</u> (A Flor	pility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L15000003165</u>	Company were filed on January 7, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
Lake Lena Landings, LLC	
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or reg	SECONDATION OF THE PART OF THE NAME OF THE NEW OF THE NEW OF THE NAME OF THE N
registered agent and/or the new registered office ad	Idress here:
Name of New Registered Agent:	5 S L
New Registered Office Address:	Enter Florida street address
	Emer rioriaa street adaress
	, 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

MGR = Manager AMBR = Authorized Member							
<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action				
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Lak	e Lena L	andings]	Partners, I	LC, Mar	ager of L	ake Lena	Landings,	LLC			
В	y:	1	7			_					
		/_	Signature of	a member or	authorized	representativo	of a member				
м	ark E. Ga	rdner M	anager								

Page 3 of 3

Filing Fee: \$25.00