

L15000018670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

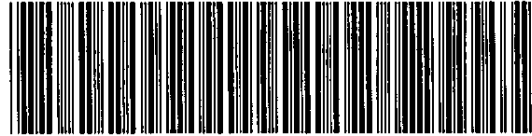
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/08/15--01013--035 **25.00

15 MAY - 8 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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WAPS118/15



340 N. Westlake Blvd. | Suite 210 | Westlake Village, CA 91362

April 30, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Summerplace at Correll Palms, LLC

To whom it may concern:

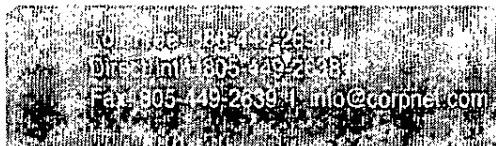
The Enclosed Articles of Amendment and Fee(s) are submitted for filing. Also, please find enclosed a check for state filing fees in the amount of **\$25.00** made payable to the FL Dept of State. For information to this filing at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addresses stamped envelope included.

Sincerely,

Amanda J. Beren, Document Processor
CorpNet, Incorporated
888-449-2638 Ext. 105
aberen@corpnet.com

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TALLAHASSEE, FLORIDA



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

Summerplace at Correll Palms, 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 01/30/2015 and assigned Florida document number L15000018670.

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 end with 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)

2637 E. Atlantic Blvd. Unit 32603

Pompano Beach, FL 33062

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

c/o PDC

250 Fischer Ave.

Costa Mesa, CA 92626

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: _____

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 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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TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	FDC Partners Management, Inc.	2637 E. Atlantic Blvd. Unit 32603	<input checked="" type="checkbox"/> Add
		Pompano Beach, Florida 33062	<input type="checkbox"/> Remove
AMBR	FDC Capital Partners, LLC	2637 E. Atlantic Blvd. Unit 32603	<input checked="" type="checkbox"/> Add
		Pompano Beach, Florida 33062	<input type="checkbox"/> Remove
AMBR	Correll Palms, LLC	2637 E. Atlantic Blvd. Unit 32603	<input checked="" type="checkbox"/> Add
		Pompano Beach, Florida 33062	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated _____



Signature of a member or authorized representative of a member

Neil Richardson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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