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(Requestor's Name) (Address)
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COVER LETTER

Division of Cor	porations					
SUBJECT:Villages	s Crossing, LLC					
SOBJECT:		ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Teri Denfeld					
		Name of Person				
	Villages Crossi	ng, LLC				
		Firm/Company				
	15595 S.E. 80t	h Avenue				
		Address				
				2018 SE FAL		
	Summerfield,	FL 34491 City/State and Zip Code		CINE SEP		
	teri@characteroaksrealestate.com					
	E-mail address: (to be used for future annual report notifi	ication)) ကြင်း ယ	عرضية. 1	
For further information c	oncerning this matter, please c	all:		PH 2: OF SE	A S	
				ONE CA	t _{i ager} s	
Teri Denfeld	c n	at (352) 245-7101	7.1.1.1.1			
Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed is a check for th	ne following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &		

MAILING ADDRESS:

TO:

Registration Section

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

Villages Crossir	
(<u>Name of the Limite</u>)	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	ability Company were filed on February 25, 2015 and assigned
Florida document number _L15000035547	
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here:
Village Crossing, LLC	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble: N/A
Principal office address MUST BE A STREET	'ADDRESS)
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B	N/A
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office address on our records, enter the name of the ice address here:
New Registered Office Address:	
NEW RESIMERED CHARGE MUDICING	

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.

N/A							
If Changing	Registered	Agent,	Signature of	New	Registered	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
	Not applicable	e - Manager remains unchanged.	_ □ Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			Add Sove Nove
			Change To
			☐ Remove
			☐ Change
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an effective date i ote: If the date	f other than the d s listed, the date must b inserted in this bloc tive date on the Dep	oe specific and ok does not r	d cannot be p neet the ap	prior to date plicable st	of filing or		ing.) Pursuant		
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Filing Fee: \$25.00