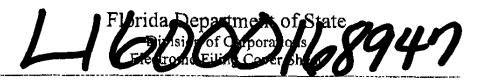
PAGE 01/05

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000316153 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GILLIGAN, GOODING & FRANJOLA, P.A.

Account Number : 120010000016 Phone : (352)867-7707 : (352)867-0237

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

Email Address: JGOODINGE OCOLALOW.UN

Fax Number

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE HAMLET AT SUMMERHILL LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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COVER LETTER

	dsion of Co				•
CUBIECT.		ILET AT SUMMERHILL LLC			
SUBJECT:		Name of Lim	ited Liability Company		
			٠		
The enclosed	d Articles of	Amendment and fec(s) are sub	mitted for filing,		
Please return	all correspo	ondence concerning this matter	to the following:		
		W. James Gooding III			
			Name of Person		
		Gilligan, Gooding & Franj	ola, P.A.		
			Firm/Company		
		1531 SE 36th Avenue			
			Address		
		Ocala, FL 34471			
			City/State and Zip Code	;	
		jgooding@ocalalaw.com E-mail address: (to be used for future annua	l report notificar	(cn)
For further in	nformation c	oncerning this matter, please or			,
Karla Hayte		<u>.</u>	352 86	67-7707	
		f Person	9t () Area Code	Daytime Tel	ophone Number
•					
Enclosed is a	check for th	ne following amount:			
⊟ \$25,00 F	Filing Foe	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy is en		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio	ING ADDRESS; ration Section an of Corporations	Registra Division	T/COURIER Ition Section To of Corporation	

P.O. Box 6327 Tellahassoc, PL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

3528670237

GGF LAW FIRM

PAGE 03/05

H160003161533

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE HAMLET AT SUMMERHILL	
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)
	ility Company were filed on 09/09/2016 and assigned
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the	ne limited liability company here:
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or the abbreviation "E.D.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET)	ADDRESS)
	2
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BO	220
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the name of the new c 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 Reg	istered 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

Page 1 of 3

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	KRISTINE COTTER	3512 East Silver Springs Blvd.	⊟ Add
		Suite 88	□ Romove
		Ocala, FL 34470	□ Change
			□ Add
			□ Remove
			☐ Change
		<u> </u>	[Tin]
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Note:	Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than a ate: If the date inserted in this block does not meet the applicable statutory filing require becoment's effective date on the Department of State's records.	(optional) 0 days after filing.) Pursuant to 6 ments, this date will not be li	05.0207 (3 sted as th
	record specifies a delayed effective date, but not an effective time, a	: 12:01 a.m. on the ear	lier of:
he red The	The 90th day after the record is filed.		
The	December 27 2016		
he red The Dated	December 27 2016		

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Filing Fee: \$25.00