

Division of Corporations Electronic Filing Cover Sheet

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,

(((H18000108423 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 : QUARLES & BRADY OF TAMPA HUP

Account Number : (20100000038.

: (813) 387-02<u>6</u>5

Fax Number

: (813) 387-1820

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

Email Address: jmeder@wrhrealty.com

LLC AMND/RESTATE/CORRECTIOR M/MG RESIGN WRH DEERWOOD, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

((clp

K SALY APR 18 2018

QUARLES&BRADY



101 East Kennedy Blvd. Sulte 3400 Tampa, Florida 33802-5195 813.387.0300 Fax 813.387.1800 www.quarles.com Attorneys at Law in Chicago Indianapolis Madison Milwaukee Naples Phoenix Scottsdale Tampa Tucson Washington, D.C.

Facsimile Transmission Form

Date: April 17, 2018

To:		Fax No.	Phone No.
Name Company/Firm City, State Zip Country	Division of Corporations Florida Department of State Tallahassee, Florida	850.617.6383	850.245.6051

From:	Becky Diller	813.387.1779	813.387.0279
Re:	WRH Deerwood, LLC Articles of Amendment to Articles of Organization		

Message:

PLEASE USE ORIGINAL SUBMISSION DATE OF APRIL 5, 2018

IF YOU HAVE PROBLEMS RECEIVING THIS FACSIMILE, PLEASE CALL US IMMEDIATELY AT:
813.387,0300

No. of Pages (Including Cover): 6	Job Code:
Client - Matter No.:	Time Keeper: RDILLER
Recipient: Division of Corporations	Return To:
Requestor Name:	Phone No.:

IMPORTANT: THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED AND/OR CONFIDENTIAL. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA REGULAR POSTAL SERVICE. THANK YOU.

8133871800

20002/0008

P.0001 QUARLES&BRADY

******************* *** Send Results *** ****************

Sending is completed to

Job No. Address

Result

3697

918506176386

Name

04/05/2018 3:41 PM FAX

Start Time Call Length Sheets

04/05 03:39 PM

01'16 OK

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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,

(((H18000108423 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 : QUARLES & BRADY OF TAMPA LIP

Account Number : 120100000038 -

Phone : (813) 387-0285; Fax Number : (813) 387-1800

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

Email Address: jmoder@wrhresity.com

LLC AMND/RESTATE/CORRECT PR M/MG RESIGN WRH DEERWOOD!LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGA ZATION OF

18 ADD	
HPD	
SECRETARY OF STATE	7
71.020	

WR	RH DEERWOOD, LLC		(1.0210);
(Name of the Limited Light	lity Company as it now appeads Limited Lability Company)	rs on our records.)	····
The Articles of Organization for this Limited Liability Florida document number £17000022996	Company were filed on	ANUARY 30, 2017	and assigned
This amendment is submitted to amend the following:	_		
A. If amending name, enter the new name of the lin	nited liability company h	ere:	
1	MRH CIEL, LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the	lesignation "LLC" or the ab	breviation "I,.I.,C,"
Enter new principal offices address, if applicable:	: Al		
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9 8	(
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fla	rida street address	
	en e	:. . 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

Page 1 of 3 (((1118000108423 3)))

MGR= N AMBR= A	Aanager Authorized Member	(((H180001084233))) 18 APR 5	AM 9: 48
Title	Name	Address TALL Allassi E	OF STATE FLORID, Type of Action
		** ***********************************	□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ ∧dd
			□ Веточе
		19 (52%)	Change
			□ Add
			Remove
		9.	Change
			D Add
			☐ Remove
			☐ Change
·			□ Add
			□ Remove
		t me Royal () South	D China

((([II18000108423]3))) Page 2 of 3

fameading any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.) (((H18000108423 3)))	100
		SECRETARY OF STATE
		TAVIASSEE PLAN

——————————————————————————————————————		

	Al-	
	and the second of the second o	
		-
Meetive date, if other than the date of filing	cannot be prior to date of filing or more than 90 days after filing.)	Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not m locument's effective date on the Department of St	iest the applicable statutory tiling requirements, this case w	vill not be listed as the
e record specifies a delayed effective do The 90th day after the record is filed.	ate, but not an effective time, at 12:01 a.m. o	on the earlier of:
April	50.0 mm	
Dated	2018	
the & Will		
· ·	nember or authorized representative of a member	
John G. With		

Page 3 of 3

Filing Fee: \$25.00