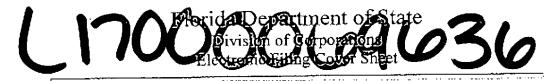
Page 1 of 2



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.

(((H170002639423)))



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 : BRENNAN, MANNA & DIAMOND, Account Number : I20040000104 Phone : (904)366-1500 : (904)366-1501 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address: acbolantia bmapl. com LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2017 LAVE WINDY CITY FOX RUN LLC

 Certificate of Status
 0

 Certified Copy
 0

 Page Count
 04

 Estimated Charge
 \$25.00

J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

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

2017 IAVE WINDY CITY FOX RUN LL (Name of the Limited Liability Con (A Florida Limite	C appeny = 1 it now appears on 0 ed Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compa	my were filed on <u>03/27</u>	/2017 and assigned
Florida document number <u>L17000069636</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designs	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	2	22 22 42 42 42 42 42 42 42 42 42 42 42 4
Enter new mailing address, if applicable:	% **	4 C)
(Mailing address MAY BE A POST OFFICE BOX)		**
		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	I office address on our here:	records, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florido si	reet 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

10/06/2017 03:35 9043661501

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	INVEST IN AMERICA'S	4820 Leonard Street	D Add
	VETERANS FOUNDATION, INC.	Cape Coral, Florida 33904	
			Change
AMBR	BETTER HOUSING FOUNDATION	N 5701 Tynecastle Loop	∏ Add
		Dublin, Ohio 43016	☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
<u></u>			
			☐ Change
			D Reprove !
			□ Change
			— — — — — — — — — — — — — — — — — — —
			Change

9043661501

		·	
	- Martine 14		
		<u></u>	
	,		
			. <u></u>
			_
		<u></u>	
 -			

E. Effective date, if other than the date of filing:

(If an effective date is listed, the date must be specific and 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 meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

