

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



500306091485

12/01/17--01011--017 **805.00

DEC 4 2017

COVER LETTER

| | Registration Sec Division of Corp | | | | |
|-----------|--------------------------------------|---|---|---|-----|
| cup ica | | clave at Beverly Hills I, LLC | | | |
| SUBJEC | .l: | Name of Limi | ted Liability Company | | |
| The encl | osed Articles of A | Amendment and fee(s) are subr | nitted for filing. | | |
| Please re | turn all correspo | ndence concerning this matter t | to the following: | | |
| | | Misty Kent | | | |
| | | | Name of Person | | |
| | | Royal American Companie | es s | | |
| | | | Firm/Company | | |
| | | 1002 W. 23rd St., Ste. 400 | | | |
| | | | Address | | |
| | | Panama City, FL 32405 | | . , | |
| | | | City/State and Zip Code | | |
| | | misty.kent@royalamerican.c | com o be used for future annual report notific | cation | |
| For furth | er information co | oncerning this matter, please ca | | , | |
| Misty K | | | 850 914-3234 at () | | . 1 |
| | Name o | f Person | Area Code Daytime | Telephone Number | |
| Enclosed | l is a check for th | ne following amount: | | | |
| □ \$25.0 | 00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclose | |

MAILING ADDRESS:

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

| RA The Enclave at Beverly Hills I, LLC | | |
|--|---|---------------------------------|
| (<u>Name of the Limited Liability</u> (A Florida Li | Company as it now appears on our recor imited Liability Company) | ds.) |
| The Articles of Organization for this Limited Liability Con Florida document number 1.17000225742 | mpany were filed on 10/31/17 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | d liability company here: | |
| The new name must be distinguishable and contain the words "Limited | d Liability Company," the designation "LL | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE. | <u> </u> | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| The state of the s | | |
| | | |
| B. If amending the registered agent and/or register registered agent and/or the new registered office addresses. | | is, enter the name of the n |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addre | ess |
| | ų | lorida |
| | City | lorida |

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

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> | <u>Name</u> | Address | Type of Action |
|--------------|------------------------------|----------------------------|----------------|
| MGR | Southern Coastal Mortgage Co | 1002 W. 23rd St., Stc. 400 | |
| | | Panama City, FL 32405 | ■ Remove |
| | | | Change |
| MGR | Waddell Plantation, Inc. | 1002 W. 23rd St., Ste. 400 | Add |
| | | Panama City, Ft. 32405 | Remove |
| | | | □ Change |
| AMBR | Southern Coastal Mortgage Co | 1002 W. 23rd St., Ste. 400 | |
| | | Panama City, FL 32405 | ■ Remove |
| | | | |
| AMBR | Waddell Plantation, Inc. | 1002 W. 23rd St., Ste. 400 | |
| | | Panama City, FL 32405 | □ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | ☐ Remove |
| | | | ☐ Change |

| • - | • |
|---------------------------|---|
| | |
| | |
| - | |
| - | |
| - | |
| - | |
| | |
| - | |
| - | |
| = | |
| - | |
| | |
| | |
| - | |
| - | |
| _ | |
| _ | |
| | |
| - | |
| Effect | ive date, if other than the date of filing: (optional) |
| lf an eff <u>Note:</u> | ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records. |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| Dated | November 30 2017 |
| | auntle (HD) |
| | Signature of a number or authorized representative of a member |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00