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To:

Division of Corporations

Pax Number : (850)617-6383

From:

ACCOUNT Name : STEARNS WHAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : I20060000135 : (305)789-3200 Phone Fax Number : (305)789-4137

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

Pam.Askew@McCormackBaron.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUTHWEST FLORIDA AFFORDABLE DEVELOPER, LLC

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Corporate Filing Menu

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## **COVER LETTER**

O: Registration Sec Division of Corp		*	;
	ST FLORIDA AFFORDABLE	: 5 DEVELOPER, LLC	
ивјест:	Name of Limit	ed Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
lease return all correspor	ndence concerning this matter t	o the following:	
		Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please o		
Name of	f Person	at ()	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Pee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
		Street Address	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOPER, LLC		
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		and assigned
ability company here:		
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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 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 Type of Action Address Name Title □Add □Remove Change □Add  $\square Remove$ □ Change □Add □Remove □ Change Remové ≘ [ Çhange □Add 5 □Remove □ Change □Add □Remove □Change

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