1/07000004041

(
(Requestor's Name)
(Address)
(Address)
(r. 1441.050)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

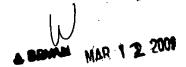
Office Use Only



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O9 MAR 23 PM 3: 51
SECRETARY OF STATE
TAIL AHASSEE, FLORID



J. BRYAN

MAR 2 4 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 12, 2009

ROBERT LYTLE 2219 CR 220 STE 316 MIDDLEBURG, FL 32068

SUBJECT: ARTSY ABODE AT DELTONA, LLC

Ref. Number: M07000004041



We have received your document for ARTSY ABODE AT DELTONA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 909A00008494

COVER LETTER

TO: Registration Section Division of Corpo				
SUBJECT:	(Name of Foreign I	at Delton Limited Liability Co	a LLC mpany)	
Dear Sir or Madam:				
The enclosed application,	certificate and fee(s)	are submitted for fili	ing.	
Please return all correspon	ndence concerning thi	s matter to the follow	wing:	
Robert	ما لا را -			
(Na	LyHe ame of Person)	 		it o
				09 MAR 23 SECRETARY
	rm/Company)			R 23
(11)	.m/company)			MAR 23 PH 3 RETARY OF SAHASSEE, FL
2219 CR 22	0 St 31t	•		R 23 PH 3: 51 TARY OF STATE HASSEE, FLORIO
(Ac	ldress)			RIDA RIDA
Middleburg.	FC 32068 ty/State and Zip Code			
(Ci	ty/State and Zip Code)		
For further information co	oncerning this matter,	please call:		
Robert Lyn.	ر a	1(352)359	7-6446	
(Name of I		Area Code & Daytin		mber)
STREET/COUR	IER ADDRESS:	MAI	LING ADDRES	S:
Registration Section Division of Corpo			stration Section sion of Corporation	
Clifton Building	rations		Box 6327	AIS
2661 Executive Co Tallahassee, Florid		Talla	hassee, Florida 32	2314
Enclosed is a check for t	he following amount	:		
\$25 Filing Fee	\$30 Filing Fee &	□\$55 Filing Fee	& [] \$60 Fili	ng Fee,
	Certificate of Status	Certified Copy		te of Status &

APPLICATION BY FOREIGN-LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1.	Name of limited liability company as it appears on the records of the Florida Department of State: Arthur Abode at Deltana, LLC
2.	Jurisdiction of its organization: Delaware
3.	Date authorized to do business in Florida: 715 07
	SECTION II (4-7 complete only the applicable changes)
	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 2123109
5.	New name of the limited liability company:
the	Finame unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting a alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC."
6.	If the amendment changes the period of duration, indicate new period of duration:
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
8.	If the amendment corrects any false statement, indicate the statement being corrected and the correction:
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized. Signature of a member or the authorized representative of a member Robert W Lytte Typed or printed name of signee

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "ARTSY ABODE AT DELTONA,

LLC", CHANGING ITS NAME FROM "ARTSY ABODE AT DELTONA, LLC" TO

"ARTSY ABODE AT ORANGE CITY, LLC", FILED IN THIS OFFICE ON THE

TWENTY-THIRD DAY OF FEBRUARY, A.D. 2009, AT 10:43 O'CLOCK A.M.

09 MAR 23 PM 3:51
SECRETARY OF STATE

4343717 8100

090174466

THE STATE OF THE S

Jeffrey W. Bullock, Secretary of State

AUTHENT CATION: 7151181

DATE: 02-24-09

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Bivision of Corporations
Delivered 01:12 PM 02/23/2009
FILED 10:43 AM 02/23/2009
SRV 090174466 - 4343717 FILE

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

The Certificate of F		•		hereby amende
as follows: First: The name of the	Corporation is: ARTS			Y, LLC
IN WITNESS WH	EREOF, the under:	_		
		_		s Certificate on A.D. 2009
	day ofFebru	ary	, A	
	day ofFebru	/s/ ROB L	, A	A.D. <u>2009</u> .
	day ofFebru By:_	/s/ ROB L	YTLE	A.D. <u>2009</u> .
	day ofFebru By:_	/s/ ROB L	YTLE	A.D. 2009
	day ofFebru By:_	/s/ ROB L	YTLE Authorized P	A.D. 2009