412000014865

	,
(Re	equestor's Name)
(Ad	ddress)
(Ad	ldress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	A. LUNT
	SEP -4 2011
	EXAMINER

Office Use Only

800238564308

08/30/12--01031--012 **25.00



COVER LETTER

TO:	Registration S Division of Co	ection rporations			
SUBJE	·CT·	1307	127th LLC		
30032			ted Liability Company		
The end	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
· 			Chip Gates Name of Person		
			Avesta Firm/Company	 	
			5118 N. 56th St. Address		2182 ALL/
	Tampa, FL 33610				
		cga E-mail address: (City/State and Zip Code tes@avestahomes.com to be used for future annual report notifie	cation)	PRA I
For fur	ther information	concerning this matter, please c	all:		2
		Chip Gates of Person	at (<u>813</u>) Area Code & Daytime	144-1522 Telephone Number	r
Enclos	ed is a check for	the following amount:			
₹ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		stration Section ion of Corporations Box 6327	STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32:	n ations nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1307 1	27th LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appear I Liability Company)	s on our records.	
The Articles of Organization for this Limited Liability Compa	ny were filed on	1/31/2012	and assigned
Florida document numberL12000014865			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Li 'L.L.C."	mited Liability Compa	nny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			36 C
(<u>Principal office address MUST BE A STREET ADDRESS)</u>			<u> </u>
			The S
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered	office address on	our records enter	the name of the new
registered agent and/or the new registered office address h		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	iter Florida street ad	ldress
	2,,	Florida	
	City	, FIOTIUM _	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action **Title** <u>Name</u> **Address** MGR Integritas Residential LLC ☐ Add
☑ Remove 5118 N. 56th St. Tampa, FL 33610 MGR 5118 N. 56th St. Remove Tampa, FL 33610 ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Nathaniel Fischer

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00