L1300010149

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ON SERVICE COMPANY.	
ACCOUNT NO.	: I2000000195
REFERÊNCE	:
AUTHORIZATION	: Sanofa in
COST LIMIT	: \$ /25.00 man
ORDER DATE :	
ORDER TIME : 3:51 PM	
ORDER NO. : -020	
CUSTOMER NO:	
DOMESTIC AM	ENDMENT FILING
NAME: SHADOWOOD APAR'	TMENTS II, LLC
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCOME.	RPORATION
PLEASE RETURN THE FOLLOWING AS :	PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY	
CERTIFICATE OF GOOD STAI	NDING
CONTACT PERSON: Susie Knight -	- EXT# 52956
1	EXAMINER'S INITIALS:

COVER LETTER

TQ:		stration Section of Corpo				
CHETE	CT,	SHADOWO	OD APARTMENTS II, LLC			
SOBJE	C 1 ;	····	Name of Limit	ed Liability Compa	ıny	
The encl	losed	Articles of Ar	nendment and fee(s) are sub-	mitted for filing.		
Please re	eturn :	all correspond	ence concerning this matter	to the following:		
			Nancy Patrowicz			
				Name of Perso	nرد	
			Arbor Commercial Mortg	jage, LLC		
				Firm/Compan	ıy	
			333 Earle Ovington Blvd	., Suite 900		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Address		
			Uniondale, NY 11553			
				City/State and Zip	Code	
			rweiss@elonmgmt.com			
			E-mail address; (t	to be used for future a	annual report notificat	ion)
For furth	ner Inf	ormation con	cerning this matter, please ce	all:		
Adam f	Feit			516	506-4227	
		Name of P	erson	Area Cod	Daytime Te	lephone Number
Enclosed	disa	check for the	following amount:			
\$25.0	00 Fil	ing Fee	■\$30.00 Filing Fee & Certificate of Status	Certified Co	Fee & opy copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

SHADOWOOD APARTMENTS II, LLC		
(<u>Name of the Limited Liability</u>) (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on July 16, 2013	and assigned
Florida document number L13000101149	<u>.</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	is "Limited Liability Company," the designation	n "LLC" or the abbreviation
		*
Enter new principal offices address, if applicable:		
<u>(Principal office address MUST BE A STREET ADDRE</u>	ESS)	<u> </u>
		SS N
,		
Enter new mailing address, if applicable:		S
(Mailing address MAY BE A POST OFFICE BOX)		S ATA
•		D
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre		er the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street c	address
	, Florida	
 	Cin	Zin 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Lexford Pools 1/3 LLC	333 Earle Ovington Blvd., Suite 900	Add
		Uniondale, NY 11553	Remove
MGR	Interstate Realty Holdings VI, LLC	333 Earle Ovington Blvd., Suite 900	bbA
		Uniondale, NY 11553	Remove
			Add
		· · · · · · · · · · · · · · · · · · ·	ASS THE REPORT OF THE PROPERTY
			-2 PH_L:
		·	A Remarke
	,		
		· · · · · · · · · · · · · · · · · · ·	Remove
·			Add
			Remove

E. Effo (Ifan e	tive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207)
E, Effi (If an e Dated _	ective date, if other than the date of filing:(optional) ective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207) April 1, 2014
E. Effi (If an e Dated_	April 1 , 2014.
E. Effi (If an e	April 1 , 2014.
E, Effi (If an e Dated _	Signature of a member or authorized representative of a member Typed or printed name of signee (optional) (optional) (optional) (605.0207) (605.0207) (605.0207)

Filing Fee: \$25.00

14 APR -2 PM 4:30
SECRETARY OF STATE.