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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	Uptown at I	Liberty Park, LLC		
Sounce 1.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing	
The enclosed	Afficies of A	Amendment and rec(s) are such	mitted for tiling.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Robert K. Beard		
			Name of Person	
		Uptown at Liberty Park, Ll	LC	
			Firm/Company	
		3401 West Cypress St., Su	ite 201	
		_	Address	
		Tampa, FL 33607		
			City/State and Zip Code	
		bob.beard@envirocap.com		
		E-mail address: (t	to be used for future annual report notif	ication)
For further in	iformation co	oncerning this matter, please ca	ıll:	
Robert K. Be	eard		813 341-3650, ex	
Name of Person		at ()	: Telephone Number	
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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 enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Uptown at Liberty Park, LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 11/16/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or	the abbreviation "L.L.G
Enter new principal offices address, if applicable:		18 J
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	2 50
		o
		3 820
Catan many and Single address. If another black		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	_	nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	City	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 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>	<u>Address</u>	Type of Action
MGR	Aileron Investment Management, LLC	3401 W. Cypress St. unit 101	
		Tampa, FL 33607	■ Remove
			Change
AR	Joseph Bonora	3401 W. Cypress St. unit 101	Add
		Tampa, FL 33607	■ Remove
			Change
AR	Robert Keepers Beard	3401 W. Cypress St. unit 101	
		Tampa, FL 33607	Remove
			Change
MGR	R Robert K. Beard	3401 W. Cypress St. unit 201	■ Add
		Tampa, FL 33607	Remove
	<u> </u>		□ Change
			□ Remove
			Change
			Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
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		8 p H
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		56
		
(If an et Note:	tive date, if other than the date of filing: [6/13/2018] (optional) [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.	t to 605,020 be listed a
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	earlier (
Dated		
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00