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COVER LETTER

	legistration Se Division of Cor			
SHD IEZZI	Uptown at	Liberty Park, LLC		
SUBJECT	r:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Robert K. Beard		
			Name of Person	
		Uptown at Liberty Park, L	LC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		3401 West Cypress St., Su	ite 201	
			Address	· · · · · · · · · · · · · · · · · · ·
		Tampa, FL 33607		
			City/State and Zip Code	
		bob.beard@envirocap.com		
For further	information co	oncerning this matter, please ca	to be used for future annual report notiful:	ication)
Robert K.	Beard		813 341-3650. ex	t [0]
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	s a check for th	e following amount:		
\$25.00	Filing 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:

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 Liabi</u> (A Florid	llity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 11/16/2015	and assigned
Florida document number L15000193332	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:		ญชารีเด็น 18 JUN
(Mailing address MAY BE A POST OFFICE BOX)		27
		2
		œ 1
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	istered office address on our records, <u>ent</u> dress here:	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zıp Code
	City	гар соас

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>	Address	Type of Action
MGR	Aileron Investment Management, L	3401 W. Cypress St. unit 201	= Add
		Tampa, FL 33607	□ Remove
			Change
MGR	Robert Keepers Beard	3401 W. Cypress St. unit 201	
		Tampa. FL 33607	■ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Remove
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					, 28	- -
ffective date, if other the an effective date is listed, the cote: If the date inserted in ocument's effective date or	this block does not	meet the applicar	date of tiling or me ble statutory filing	(option re than 90 days after fil requirements, this d	al) ing.) Pursuant to 605 ate will not be liste	5.020 ed a
e record specifies a de The 90th day after th	elayed effective se record is filed	date, but not l.	an effective ti	me, at 12:01 a.r	n. on the earlie	er c
ated			_ •			
		Pobet K	Bearl	f a member		
	Signature of a	i member or authori	zed representative of	f a member		

Page 3 of 3

Filing Fee: \$25.00