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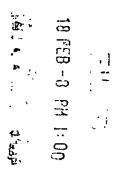
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COVER LETTER

TO:	Registration Se Division of Cor			
anne		PARTMENTS HOLDING LL	C	
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please n	etum all correspo	ndence concerning this matter	to the following:	
		Farber Golan, epa		
			Name of Person	
			Firm Company	
		p.o box 28338		
		jacksonville FL 32226	Address	
		hagolant'à gmail.com	City State and Zip Code	
			to be used for future annual report non	dication)
For furtl	ner information co	oncerning this matter, please ca	all.	
Farber (904 2228566 at ()	
	Name o	(Person	Area Code Daytim	e Telephone Number
Enclosed	I is a check for th	ne 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

DREAM APARTMENTS HOLDING LLC			
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now : da Limited Liability Comp	appears on our records.) Sany)	.
The Articles of Organization for this Limited Liability	Company were filed of	on <u>2016</u>	and assigned
Florida document number 1.16000215443			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lin</u>	nited liability compa	ny here;	i o
MNY INVESTMENTS LLC		j	
The new name must be distinguishable and contain the words "Li	mited Liability Company.	" the designation "LLC" or the abbrevin	1
Enter new principal offices address, if applicable:	1717 com	nty road 220	•
Principal office address MUST BE A STREET ADD	RESS) #2702		74
	fleming is	land FL 32003	
Enter new mailing address, if applicable:	p.o box 28	3338	0
(Mailing address MAY BE A POST OFFICE BOX)	jacksonvil	lle FL 32226	
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ss on our records, <u>enter the</u>	name of the ne
Name of New Registered Agent: Farbo	er Golan		
New Registered Office Address: 1717	CR-220 # 2702		name of the new
		er Florida street address	
F1.19	MING ISLAND	, Florida <u></u>	
	Спу	Zi _l	p 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

Page 1 of 3

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>	Name	Address	Type of Action
			Add
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Effective date, if other than the first an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does n	iot meet the	applicabl	late of filing e statutory (or more than thing tequire	(option (option) (opt	o nal) filing.) Purst date will n	nant to 605.02 not be listed :
ne record specifies a delay The 90th day after the r			ut not a	n effectiv	ve time, a	t 12:01 a	.m. on th	ne earlier
Dated		2018	;	_				
		 ·						
				/				
	Signature c	of a member	orzadhoriz	ed representa	tive of a men	nber		

Page 3 of 3

Filing Fee: \$25.00