

# L07000101032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

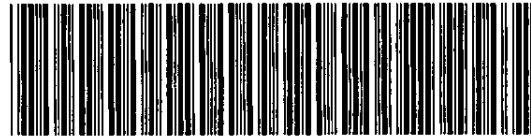
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
13 MAR 18 PM 3:10  
ATLANTA, GA  
RECEIVED

K. SALY  
EXAMINER  
MAR 20 2013

cert # 7012 0470 0001 6962 6362

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ibis Trail at Clairmont, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vanessa Suarez-Solis  
Name of Person

The Astor Companies  
Firm/Company

2601 S Bayshore Dr, Suite 1800  
Address

Miami, FL 33133  
City/State and Zip Code

vanessa@astorcompanies.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vanessa Suarez Solis at (786) 623-2810  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

*X*  
*Certified*

Cert# 7012 0470 0001 6962  
6362

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
13 MAR 18 PM 3:10  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

This Trail at Clairmont, LLC.  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 3, 2007 and assigned Florida document number LO7000101032.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Uptown Lofts at Brookhaven, LLC  
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
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		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

Cert # 17012 04700001 6962 6362

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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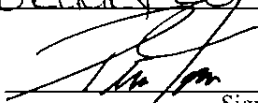
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Dated February 28, 2013.



Signature of a member or authorized representative of a member

Peter Torres, Managing Member of Astor Property  
Management, LLC,

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

Sole Manager of  
Ibis Trail at Clairmont, LLC