

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H130000650783)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAMONT NEIMAN & INTERIAN, P.A.

Account Number : 120000000051 Phone : (305) 530-9400

fax Number : (305)530-9409

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

JNEIMAN@lnilawfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN W MULTIFAMILY FUND 2, LLC

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\$60.00

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MAR 22 2013

B. KOHR

(((H13000065078 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AMILY FUND 2, LLC	
(Name of the Limited Liability (A Florida	y Company as it now appears Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability (Florida document number L13000041295	Company were filed on	and assigned 20
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here	:
W MULTIFAMILY 2, LLC		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX)	_	
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		ur records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Ente	er 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

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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 = Mar MGRM = M	nger anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
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If amending an	y other information	n, enter change(s) here: (At	tach additional sheets, if necess	ary.)
_{ted} March	21	,2013		
	X		_	٠
	(क्रिनार्वा	ure of a member or authorized r		
 _		Jan S. Neiman, E		
		Typed or printed name	e or signee	

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Filing Fee: \$25.00