10/00022617

Ţ	Requestor's Name)
į.	Address)
	Address)
¢	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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SECRETARY OF STATE

COVER LETTER

	Division of C	orporations	<i>;</i>	
SUBJEC	Bulova i	Drive Apartments LLC		
SODJEC	1 -	Name of Lim	ited Liability Company	
The encl	osed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corre	spondence concerning this matter	to the following:	
		Angela Im		
			Name of Person	
		Bulova Drive Apartments	LLC	
			Firm/Company	
ļ		1782 Markham Glen Circl	e	
			Address	
		Longwood, FL 32779		
	i,		City/State and Zip Code	
	•	E-mail address: (to be used for future annual report noti	fication)
For furth	er informatio	n concerning this matter, please c	all:	
Angela I	Im		407 718-6029	
	Nan	e of Person	Area Code Daytim	e Telephone Number
Enclosed	l is a check fo	or the following amount:		
□ \$25.0	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)
		ILING ADDRESS: istration Section	STREET/COURI Registration Section	
	Div	ision of Corporations . Hox 6327	Division of Corpor Clifton Building	
		ahassee, FL 32314	2661 Executive Co Tallahassee, FL 32	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bulova Drive Apartments LLC		
(Name of the Limited (A	Liability Company as it now appears on our records Florida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liab		ol and assigned
Florida document number L01000022617		
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET)	ADDRESS)	<u> </u>
_		3 – – – – – – – – – – – – – – – – – – –
		EB VHA
Ent w mailing address, if applicable:		ASSE
(Me ing address MAY BE A POST OFFICE BO	<u></u>	7 . T. P. C.
, , , , , , , , , , , , , , , , , , ,		.: .: .: .: .: .:
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		, enter the name of the new
Name of New Registered Agent:		
N. P. L. LOG ALL		
New Registered Office Address:	Enter Florida street address	
	Fle	orida
	City	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:	
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the rescompany has been notified in writing of this ch	and complete performance of my duties, an ered agent as provided for in Chapter 605, l gistered office address, I hereby confirm tha	d I am familiar with and F.S. Or, if this document is

. . . .

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	Angela Im	1782 Markham Glen Circle	□ Add
		Longwood. FL 32779	Remove
			Change
			□ Remove
•			☐ Change
			Remove
			Change
			Add
			Remove
		-	☐ Change
			□ Remove
			□ Change
			□ Remove
		Change	

D. If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		•
		•
		-
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	18 T	ALL/ SECF
	EB 2	AHA: · AETA:
		SSET SSET
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		TATE
		T+
		<u>.</u>
E. Effective date, if	other than the date of filing:(optional) sted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605	: 0307 (3VL
Note: If the date it	serted in this block does not meet the applicable statutory filing requirements, this date will not be list	ed as the
document s effective	e date on the Department of State's records.	
If the record specif	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earli	er of:
(b) The 90th day	after the record is filed.	
February 22	2018	
Dated		
	Signature of a member or authorized representative of a member	
Angela		
	Typed or printed name of signee	
	D 2.63	
	Page 3 of 3	

Filing Fee: \$25.00