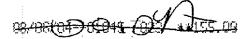
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| (Requestor's Name)                      |   |
|---|---|
| (Address)                               |   |
| (Address)                               | • |
| (City/State/Zip/Phone #)                |   |
| PICK-UP WAIT MAIL                       |   |
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EFFECTIVE DATE 8/15/04

## TRANSMITTAL LETTER

| IRANOMII MD DDI IDA  |    |
|--|----|
| TO: Registration Section Division of Corporations  |    |
| SUBJECT: Sarassta Multi-Family Investors, (Name of Limited Liability Company)  | 12 |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  |    |
| Please return all correspondence concerning this matter to the following:  |    |
| William E. Wright (Name of Person)   |    |
| Sarasota Multi Fimily Investors (Firm/Company)   |    |
| PO BOX 18657 (Address)   |    |
| Sarasota FL 34276 (City/State and Zip Code)  |    |
| For further information concerning this matter, please call:   |    |
| Will Wright at (941) 321 5001 (Name of Pérson) (Area Code & Daytime Telephone Number)  |    |
| Enclosed is a check for the following amount:  |    |
| S25.00 Filing Fee \$\ \begin{align*} |    |

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

As

Wil

Filing Fee: \$25.00

8/15/de