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Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

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DEPARTMENT OF STAT

K. SALY MAR - 7 2017

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 **(850) 224-8870** • 1-800-342-8062 • Fax (850) 222-1222

Broadway Apartments, LLC An of Inc. File LTD Parinership File Foreign Corp. File L.C. File Factitious Name File Trade/Service Mark Merger File Art. of Anend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cent. Copy Phosa Copy Centificate of Good Standing Centificate of Fictitious Name Corp. Record General Officer Search Fictitious Search Fictitious Search Fictitious Sware Vehicle Search Driving Record Vehicle Search Driving Record UCC 1 or 3 File UCC 1 or 3 File UCC 11 Serie- UCC 11 Retrieval Walk-fn Will Pick Up Courter Volute In Serie- UCC 11 Retrieval				
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Fictitious Search				Corp Record Search
Fictitious Owner Search				Officer Search
Vehicle Search				Fictitious Search
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	name	Date Time		UCC 11 Retrieval
	Walk-In	Will Pick Up		Courier

COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJE	CT: BROADWA	Y APARTMENTS, LLC.		
JUDUM		Name of Limit	ted Liability Company	
The enc	losed Articles of Ar	nendment and fee(s) are subm	nitted for filing.	
Please r	cturn all correspond	ence concerning this matter to	o the following:	
		BRUCE W. PARRISH,	JR., P.A.	
			Name of Person	
		THE LAW OFFICE OF	BRUCE W. PARRISH, JR.	, P.A.
			Firm/Company	
		1870 FOREST HILL E	י	
		1910 FOREST HILL I	Address	_
			•	
		WEST PALM BEACH, H		
			City/State and Zip Code	
		Bruceparrish2@Bells		· · · · · · · · · · · · · · · · · · ·
		E-mail address: (to	be used for future annual report not	nfication)
For furth	ner information con-	cerning this matter, please cal	1:	
BRUCE	W. PARRISH,		at (561) 642-0591 Area Code Daytin	ne Telephone Number
Enclosed	i is a check for the	following amount:		
□ \$2 5.	00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

	2017MAD FILED
	TALLAHASSEE FLORIDA
)	- FLORIE

BROADWAY APARTMENTS, 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 Liab	bility Company were filed o	on <u>10/19/2009</u>	and assigned
Florida document number <u>L02000026321</u>			,
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability compa	ny here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company,"	'the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicab	ole:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET	ADDRESS)		
	·		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BU	<u> </u>		
			<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered officers.	•	s on our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	BRUCE W. PARRISH,	JR.	
New Registered Office Address:	1870 FOREST HILL B	LVD., SUITE 203	
	WEST PALM BEACH	, Florida 334	06
	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 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 Spent, 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	RICHARD L. FOX	11 SUMMER STREET CHELMSFORD, MA 01824	
		Addition of the second	☐ Remove
			<u>™</u> Change
_AMBR	GARRETT G. GILLESPIE	1723 SW THORNBERRY CIRCLE PALM CITY, FL 34990	
			☐ Remove
			□ Change
AMBR	VICTORIA C. FOX	229 BILLERICA ROAD CHELMSFORD, MA 01824	Add
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n effective date is ofe: If the date i	listed, the date mi inserted in this b	ne date of filling: sust be specific and o block does not me Department of Sta	annot be prior to c	late of filing or mo e statutory filing	coption (option than 90 days after the requirements, this	nal) iling.) Pursuant to 605.020 date will not be listed as
		ed effective da ecord is filed.	ite, but not a	n effective ti	me, at 12:01 a	.m. on the earlier o
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Filing Fee: \$25.00