

Division of Corporations

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# LO300002905

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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : CUMMINGS & LOCKWOOD  
Account Number : 102336001100  
Phone : (239) 649-3186  
Fax Number : (239) 263-0703

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

### CITY KING APARTMENTS, L.L.C.

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Clty King Apartments, L.L.C.  
(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:

Doreen Bennett

(Name of Person)

Cummings & Lockwood LLC

(Firm/Company)

3001 Tamiami Trail North, Suite 400

(Address)

Naples, Florida 34103

(City/State and Zip Code)

For further information concerning this matter, please call:

Doreen Bennett

(Name of Person)

at ( 239 ) 649-3129

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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**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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

City King Apartments, L.L.C.

(Present Name)  
(A Florida Limited Liability Company)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 APR -9 AM 11:16

**FIRST:** The Articles of Organization were filed on January 24, 2003 and assigned  
document number L03000002905

**SECOND:** This amendment is submitted to amend the following:

Article 6. The business of the Company shall be managed by its Managers.

Title: MGR

Shlomo Chelminsky

13315 NE 6th Ave. Office/Apt #1

North Miami, FL 33161

Title: MGR

Allen Chelminsky

13315 NE 6th Ave. Office/Apt #1

North Miami, FL 33161

Dated March 15, 2007

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Jonathan E. Gopman, Authorized Rep

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

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