

LO300004/982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

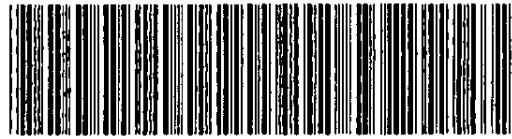
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**A. LUNT**  
FEB 9 2010  
**EXAMINER**

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**A. LUNT**  
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**EXAMINER**

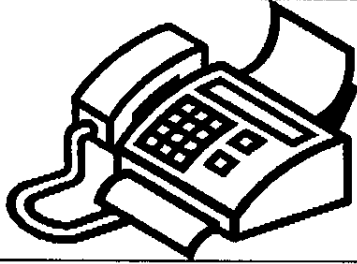


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## A facsimile from

### Renaissance Commons Shops 1, LLC

Susan Levin

Tel: 561-244-6650

Fax: 561-244-6654

To: Florida Dept. of State / Agnes Lunt  
Fax number: 850-245-6030

Date: 2/9/2010

Page 1 of 5

**Regarding:** Document # L03000041982

**Comments:**

**Agnes – per our conversation of this afternoon, the name for Renaissance Commons Shops 1, LLC should be changed to COMPSON PLACE APARTMENTS, LLC. We need the effective date of this change to be January 4, 2010 per the original request.**

**We also need the name change that was done incorrectly for COMPSON PLACE APARTMENTS (Document #L03000030878) be changed back to RCC VII, LLC.**

**Please see attached forms. If there is ANY question, please feel free to contact me.**

*Thank you for your help*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RENAISSANCE COMMONS SHOPS 1, LLC**  
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:

Carl E. Klepper, Jr.  
Name of Person  
RENAISSANCE COMMONS SHOP 1, LLC  
Firm/Company  
1500 Gateway Blvd., Suite 200  
Address  
Boynton Beach, FL 33426  
City/State and Zip Code  
cklepper@compson.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Carl E. Klepper, Jr. at (561) 244-6650  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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)

**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

RENAISSANCE COMMONS SHOPS I, 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 Liability Company were filed on 11/17/2003 and assigned Florida document number L03000041982.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Compson Place Apartments, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1500 Gateway Blvd., Suite 200

Boynton Beach, FL 33426

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_

\_\_\_\_\_

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TALLAHASSEE, FLORIDA

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter 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

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 = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated December 23, 2009.

Signature of a member or authorized representative of a member

Carl E. Klepper, Jr.

Typed or printed name of signee

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 TALLAHASSEE, FLORIDA  
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