# 1030000 43832

(Re	questor's Name)	
——————————————————————————————————————	dress)	
(Ad	dress)	_
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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T FEMBER:

## **COVER LETTER**

	ision of Cor			
SUBJECT:		ESTMENTS APARTMENTS.	LLC	
		Name of Lim	ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Mitch Phillips		
			Name of Person	
		Dubin Singer PC		
			Firm/Company	
		123 North Wacker Drive,	Suite 1600	
			Address	
		Chicago, Illinois 60606		
			City/State and Zip Code	
		mphillips@dubinsinger.con		
			to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please co	all:	
Mitch Philli	ps		at () Area Code Daytime	
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	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. Boy 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations
Clifton Building

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MENTS, LLC	
(Name of the Limi	ited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.)
The Articles of Organization for this Limited L		
he Articles of Organization for this Limited L	iability Company were fil-	ed on and assigned
Florida document numberL03000043832	·	TACLAHASSEEJFLORIDAT
his amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability con	npany here:
The new name must be distinguishable and contain the	words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
••	<u></u>	
.,	<u> </u>	
Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and		dress on our records, enter the name of the n
Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and		dress on our records, enter the name of the n
Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered of		dress on our records, enter the name of the n
Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and		dress on our records, enter the name of the n
Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered of		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	l/or registered office adoffice address here:	dress on our records, enter the name of the n
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	l/or registered office adoffice address here:	· · · · · · · · · · · · · · · · · · ·

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 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	RUSSO, ANA	31781 Camino Capistrano	Add
		Suite i 07	<b>■</b> Remove
		San Juan Capistrano, CA 92675	
MGRM	RUSSO, FABIO	31781 Camino Capistrano	□ Change
		Suite 107	□ Add
		0. 1. 0. 1. 0. 0.007	Remove
		San Juan Capistrano, CA 92675	☐ Change
MGRM	MOBRICI, ALBERTO MR.	31781 Camino Capistrano	□ Add
		Suite 107	■ Remove
		San Juan Capistrano, CA 92675	
MGR & Member	2017 FYBRUSS Irrevocable Trust dated January 7, 2017	31781 Camino Capistrano	□ Change ■ Add
		Suite 107	
		San Juan Capistrano, CA 92675	Remove
MGR & Member	The Singer Island Family Trust Dated August 31, 2012	31781 Camino Capistrano	Change
	Dated August 31, 2012	Suite 107	Add
		San Juan Capistrano, CA 92675	Remove
			Change
			Add
			Remove
			Change

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Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	lock does not meet the ap	plicable statutory filing re	(optional) than 90 days after filing.) Pursuant quirements, this date will not b	to 605.0207 be listed as
he record specifies a delaye The 90th day after the rec		not an effective tim	e, at 12:01 a.m. on the o	earlier of
Dated September 26	2019			
Dated		•		
	Fah	o Russo uthorized representative of		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00