

LD5000073847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

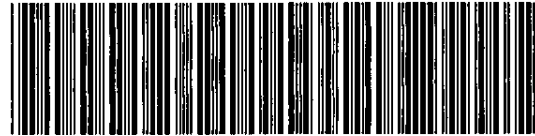
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

APR 26 2012
L. SELLERS

Office Use Only



600230696146

04/25/12--01024--016 **55.00

FILED
12 APR 25 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



THE KAMMERMAN LAW GROUP, P.A.
790 East Broward Boulevard
Suite 201
Fort Lauderdale, Florida 33301
Telephone: (954) 745-0870
Facsimile: (954) 514-9294
www.kamlawgroup.com

April 20, 2012

Via FedEx

Tracking No. 7983 0982 2824

Department of State Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: *Entity: Tradition Tarragon LLC*
Document #L05000073847

Dear Sir/Madam:

Enclosed please find The Kammerman Law Group, P.A. Check No. 6208, made payable to Florida Department of State in the amount of \$55.00 for payment of the following:

1. Articles of Amendment to Articles of Organization of Tradition Tarragon LLC (\$25.00); and
2. Certification of Articles of Organization of Tradition Tarragon LLC together with all amendments thereto (\$30.00).

Please return the originals of the above referenced documents in the FedEx envelope enclosed herein. Anything you can do to expedite this request is greatly appreciated!

Very truly yours,

Jessica M. Aviles
Paralegal

Enclosures
/jma

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRADITION TARRAGON 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:

MARCY H. KAMMERMAN, ESQ.

Name of Person

THE KAMMERMAN LAW GROUP, P.A.

Firm/Company

790 EAST BROWARD BOULEVARD, SUITE 201

Address

FORT LAUDERDALE, FLORIDA 33301

City/State and Zip Code

dpezza@beachwold.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCY H. KAMMERMAN

Name of Person

at (954)

745-0829

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**

TRADITION TARRAGON 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 July 27, 2005 and assigned
Florida Amendment number L05000073847.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City

Florida

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>
MGRM	TARRAGON CORPORATION	192 LEXINGTON AVENUE	<input type="checkbox"/> Add
		9TH FLOOR	<input checked="" type="checkbox"/> Remove
		NEW YORK, NY 10016 US	
			<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.)

ADD - MGRM: ANSONIA APARTMENTS HOLDINGS LLC

ADDRESS: 192 LEXINGTON AVENUE

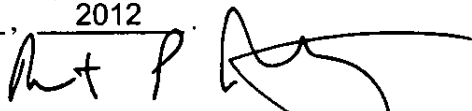
15TH FLOOR

NEW YORK, NEW YORK 10016 US

Dated

APRIL 19

2012



Signature of a member or authorized representative of a member

ROBERT P. ROTHENBERG, PRESIDENT OF ANSONIA

Typed or printed name of signee

APARTMENTS HOLDINGS LLC

FILED
 12 APR 25 PM 3:55
 SECRETARY OF STATE
 TALAHASSEE, FLORIDA