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## **COVER LETTER**

TO: Registration Se Division of Cor			
Englewood SUBJECT:	Holdings, LLC		
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ndence concerning this matter to	the following:	
	Larry K. Libman, Esq.		
		Name of Person	
	Axley Brynelson, LLP		
		Firm/Company	<del></del>
	2 E. Mifflin Street, Suite 200	)	
		Address	
	Madison, WI 53703		
		City/State and Zip Code	<del></del>
	llibman@axley.com	be used for future annual report notifi	
For further information co	oncerning this matter, please call	•	cation)
Larry K. Libman, Esq.		608 257-5661	
Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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 Taliahassee, FL 32301



September 3, 2015

LARY K LIBMAN, ESQ AXLEY BRYNELSON, LLP 2 E MIFFLIN STREET, SUITE 200 MADISON, WI 53703

SUBJECT: ENGLEWOOD HOLDINGS, LLC

Ref. Number: L05000092899

We have received your document for ENGLEWOOD HOLDINGS, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$55.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 515A00018703

2015 SEP -9 PM 12: 03
SECRETARY OF STATE

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Englewood Holdings, LLC					
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)				
The Articles of Organization for this Limited Liability (	Company were filed on September 21, 2005	and as	ssigned		
Florida document number L05000092899	<u>_</u> .				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liability company here:				
Lemon Bay Apartments, LLC					
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the a	abbreviation "l	I.L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	RESS)	= -	<u> </u>		
			<u>್ ಹಸ್ತಾಜ್ಯ</u>		
		글래 S			
Enter new mailing address, if applicable:		ASS	i press		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	W	7)		
(Mulling uddress MAT BE A POST OF FICE BOA)			_==		
B. If amending the registered agent and/or regi	stored office address on our records entai	700	ധ		
registered agent and/or the new registered office add		the name	of the nev		
Name of New Registered Agent:			<u>.</u>		
New Registered Office Address:					
New Registered Office Address:  Enter Florida street address					
	, Florida				
<del></del>	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 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 **Type of Action** Title <u>Name</u> **Address** \_□ Add □ Remove ☐ Change \_□ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change ☐ Add RECREACY SIZE 3 ☐ Change □ Add □ Remove

☐ Change

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fan effective d <b>Note:</b> If the	te, if other than the date date is listed, the date must be spedate inserted in this block doeffective date on the Departm	ecific and cannot be prior to ses not meet the applical	date of filing or more than 90 o	(optional) days after filing.) Pursuant to 60! ents, this date will not be list	5.0207 ( ed as t
ne record s	specifies a delayed effe day after the record is	ctive date, but not	an effective time, at 1	.2:01 a.m. on the earli	er of:
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Page 3 of 3

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