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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

r = - 4 1	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN APARTMENT REALTY ADVISORS OF FLORIDA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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DATE OF 11/20/2019

Help

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毛红银 郑

a,

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Apartment Realty Advisors of	Florida, LLC	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company	ocars on our records.	3
The Articles of Organization for this Limited Liability Company were filed on	September 11, 2	and assigned
Florida document number <u>L06000089215</u>		
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 contain the words "Limited Liability Company," to	he 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)	· · · · · · · · · · · · · · · · · · ·	\$1.73 \$1.73
Induing dutress may be a rody of the boay		75 V
B. If amending the registered agent and/or registered office address	on our records,	
registered agent and/or the new registered office address here:		· > .
		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		. 0
New Registered Office Address: Enter	Florida street address	
	Fin	rida
City	,110	Zip (Inde

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

<u>Títle</u>	Name	Address	Type of Action
MGR	Marc De Baptiste	750 Park of Commerce Boulevard	D Add
		Suite 230 Boca Raton, FL 33487	■ Remove
			Change
MGR	Arthur Beebe	750 Park of Commerce Boulevard	
		Suite 230 Boca Raton, FL 33487	Remove
			☐ Change
			Add
		-	☐ Remove
			☐ Change
			D Add
			Remove
			☐ Change
			Add
			Remove
			☐ Change
			🗖 Add
			D Remove
			☐ Change

D. If

	 				
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Effective date, if	ther than the date of fili sted, the date must be specific a	ing:		(optional)	Purment to 605 0207
If an effective date is! Note: If the date is	sted, the date must be specific a serted in this block does not	and cannot be prior w it meet the applicat	o date of ning or more ble statutory filing r	equirements, this date v	vill not be listed as
document's effecti	e date on the Department of	f State's records.			
he record specil	es a delayed effective	date, but not	an effective tim	ne, at 12:01 a.m. c	on the earlier of
The 90th day	after the record is filed	α.			
	November 20	2019			
	November 20	- 1			
Dated	, ,				
Dated	Mi Mi	946			
Dated	Signature of	a member or author	ized representative of	a member	

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Filing Fec: \$25.00