## 10700025764

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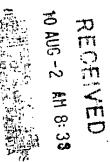
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**EXAMINER** 



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ECKETARY OF STATE

## **COVER LETTER**

*TO: Registration S Division of Co		•			
SUBJECT:	Spring Cree	k Apartments, LLC			
Scholett		ited Liability Company	·		
•					
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	,	acomb D. James For	<i>,</i>		
		oseph P. Jones, Esq. Name of Person			
Broad and Cassel Firm/Company					
215 South Monroe Street, Suite 400					
		Address			
	Т	allahassee, FL 32301			
	<del></del> •				
	iiono	s@broadandcassel.com			
	E-mail address: (	to be used for future annual report no	otification)		
For further information	concerning this matter, please o	·	·		
	seph P. Jones	at (_850 )	681-6810		
Name	of Person	Area Code & Day	time Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$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

· •TO:

## 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**

Spring Creek A	partments, LL	C	
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	s on our recorus.	
The Articles of Organization for this Limited Liability Company	were filed on	03/08/2007	and assigned
Florida document numberL07000025764			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	ny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	·		
(Principal office address MUST BE A STREET ADDRESS)			5
			28 2
Enter new mailing address, if applicable:		:	UG + 2
(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on o <u>re</u> :	ur records, <u>enter</u>	the name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Eni	ter Florida street ad	ldress
444		, 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>	Name	Address	Type of Action
MGRM	John L. Rocker	1223 Manor Oaks Court	Add
		Dunwoody, GA 30338	Remove
MGRM	Ray P. Cox	324 Bocage Drive Dothan, AL 36303	Add  Remove
	<del> </del>		Add Remove
	<del></del>		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.	)
	· · · · · · · · · · · · · · · · · · ·		<del></del>
		<u> </u>	<del></del>
			<del></del>
Dated	- June	Hughs	
	Signature of a	member or authorized representative of a member	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00