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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

JUL - 7 2008

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UNIVERSITY VILLAGE MELBOURNE APARTMENTS 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:

ELENA MANFREDI

(Name of Person)

(Firm/Company)

3502 DA VINCI WAY

(Address)

MELBOURNE, FL 32901

(City/State and Zip Code)

For further information concerning this matter, please call:

ELENA MANFREDI

(Name of Person)

at ( 321 ) 984-9033

(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

FILED  
2008 JUL -3 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

UNIVERSITY VILLAGE MELBOURNE APARTMENTS 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 01/28/2008 and assigned  
Florida document number L08000009783.

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)**

3502 DA VINCI WAY

MELBOURNE, FL 32901

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

3502 DA VINCI WAY

MELBOURNE, FL 32901

2008 JUL -3 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

ELENA MANFREDI

New Registered Office Address:

3502 DA VINCI WAY

*(Enter Florida street address)*

MELBOURNE

*(City)*

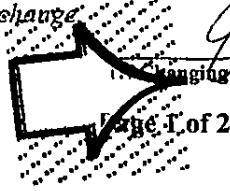
, Florida 32901

*(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.*

**SIGN  
HERE**



*Elena Manfredi*

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>
MGR	AMRAM ADAR	18851 NE 29TH AVE, 7TH FLOOR AVENTURA, FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ELENA MANFREDI	3502 DA VINCI WAY MELBOURNE, FL 32901	<input checked="" 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
			<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.)

PLEASE CHANGE MAILING ADDRESS FROM:

18851 NE 29TH AVE, 7TH FLOOR , AVENTURA, FL 33180

TO

3502 DA VINCI WAY

MELBOURNE, FL 32901

Dated JUNE 27, 2008

Signature of a member or authorized representative of a member

AMRAM ADAR

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00