## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H12000247778 3)))



H120002477783ABCS

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Tc:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone : (800)494-3124

Fax Number : (561)455-9885

>-(.) Enger the email address for this business entity to be used for future

annual report mailings. Enter only one email address please \*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NORTH GRADY APARTMENTS, LLC

Certificate of Status	0
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B. KOHR

OCT 1 2 2012

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Corporate Filing Menu

Help

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF H12000247778 3

	TH GRADY APARTMENTS, L		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			100 mg
(A.	Torida Entitled Elabiniy Compan	<i>y)</i>	666
The Articles of Organization for this Limited Lia	bility Company were filed on _	03/27/2008	and assigned
Florida document number L08000031258			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	<del></del>		7
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of	he limited liability company l	<u>nere</u> :	
NORTH GRADY APARTMENTS TWO, LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Con	npany," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applical	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
	***************************************	·····	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>ox</u> )		
		<del></del> -	
B. If amending the registered agent and/or		our records, enter the	name of the new
registered agent and/or the new registered offi	ce address nere:		
Name of New Registered Agent:			
New Registered Office Address:			
	(	(Enter Florida street addr	<i>‡\$\$)</i>
		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Re	gistored Agent:		

(If Changing Registered Agent, Signature of New 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

If ame	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: H12000247778 3				
	= Manager M = Managing Member				
Title	Name	Address	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If a		nange(s) here: (Attach additional sheets, if necessary.)			
	FEI/EIN NUMBER: 46-0997265				
Dated _	OCTOBER 10	2012			
	<del>-</del>	mber or authorized representative of a member			
		/LVESTER BRAITHWAITE //ppd or printed name of signee			

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