

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110000226193)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ARNOLD MATHENY & EAGAN, P.A.

Account Number : I2000000141 : (407)841-1550

Fax Number : (407)841-8746

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **APWU - CFLAL 1462 PROPERTIES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

K. SALY EXAMINER JAN 28 2011

Electronic Filing Menu Corporate Filing Menu

Help

FILED

ARTICEES OF GREENEWENT ARTICLES OF ORGANIZATION **OF**

11 JAN 27 AM 9: 59 SECRETARY OF STATE TALLAHASSEE, FLORIDA

APWU-CFLAL 1462 Properties LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
(A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on 10-7-2008 and assigned				
Florida document number <u>L08000094864</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
APWU-CFAL 1462 Properties LLC				
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviat "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)				
Intuing data to sinit be a foot of the post,				
B. If amending the registered agent and/or registered office address on our records, enter the name of the n				
n. It amending the registered agent and/or registered office address on our records, <u>enter the name of the ho</u> registered agent and/or the new registered office address here:				
Name of Name Designated Assets				
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida street address				
. 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

Page 1 of 2

(((H110000226193)))

If amending the Managers or Managing Member 1011 000 (002765) 2012)) the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
	•		Add Remove
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
	·		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
			 .
<u></u>			_
Dated	January 26 20	Alio	
	Signature of a member of Lehn E.	or authorized representative of a member Abcan 5	<u> </u>
	Туред с	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00

(((H110000226193)))