09000094884

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EXAMINER



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SESSETARY OF STATE
MALVARIASSEEL FLORIDA

University Place Apts, LLC

3285 University Blvd N Ofc Jacksonville, FL 32277

To Whom it May Concern:

Registration Section (Division of Corporations)

On our latest document filing on September 20, 2010 for a name change and registered agent change, you misspelled the new name of our LLC as listed on the Sunbiz.org website as "UNIVERSITY PLACE AGPTS, LLC"

In addition to this correction, we have further Amended and Restated Articles for filing enclosed.

Thank you very much,

Ben Devoe,

Universtiy Place Apts, LLC

COVER LETTER

Division of C	Corporations			
SUBJECT:	UNIVERSITY	PLACE APTS, LLC		
30bjec1		Name of Limited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
		Ben Devoe		
		Name of Person		
	 	Firm/Company		
	328	3285 University Blvd North		
		Address		
	Ja	Jacksonville, FL 32277		
		City/State and Zip Code		
	E-mail address: (1	properties@gmail.com o be used for future annual report notificati	on)	
For further information	n concerning this matter, please c	all:		
Name of Person		at () Area Code & Daytime Te	lephone Number	
Enclosed is a check for	or 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: Pagistration Section		STREET/COURIER ADDRESS: Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

AMENDED AND RESTATED AVAILLY OF DYGANIZAMON OF UNIVERSITY PLACE APTS, LLC

UNIVERSITY PLACE APTS, LLC, a limited liability company formed on October 1, 2009, with document number: L09000094884. and existing under the provisions of the FLORIDA Limited Liability Company Act, which shall be effective upon filing and for that purpose does certify restate and amend the Certificate of Formation as follows:

FIRST: The company's sole Managing Member member is BlueRiver Assets, LLC.

SECOND: The address of its Registered Agent office in the State of FLORIDA is: 2825 SW 22nd Ave Ste. 105., in the City of Delray Beach, County of Palm Beach. The name of its Registered Agent at such address is Eunace Gallets.

THIRD: The purpose of the limited liability company shall be to engage in any lawful act or activity for which a limited liability company may be formed under the Limited Liability Company law of the State of FLORIDA.

FOURTH: The limited liability company shall have perpetual existence.

<u>FIFTH:</u> Management of the limited liability company is vested in the member(s) in accordance with their ownership interests, unless this is varied by the operating agreement. A limited liability company member may not assign, either wholly or partially, the right to participate in management without the written consent of all limited liability company member(s).

SIXTH: The mailing address and principal place of business for the limited liability company is: 3285 University Blvd N Ofc, Jacksonville, FL 32277

IN WITNESS WHEREOF, the undersigned has executed this Amended and Restated Certificate of Formation of LEGENDS JACKSONVILLE, LLC on this twenty-third day of September, 2010.

BlueRiver Assets,
Authorized Signer)

PH 2:

: 21

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 Type of Action **Address** Title <u>Name</u> MGRM BLUERIVER ASSETS, LLC 1209 ORANGE STREET ✓ Add WILMINGTON, DE 19801 Remove LEGENDS JACKSONVILLE II, LLC MGRM ☐ Add 625 COURT STREET **✓** Remove CLEARWATER, FL 33756 □ Add Remove Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 23 2010 Dated __ Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Ben Devoe

Filing Fee: \$25.00