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Office Use Only



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SECULIARY OF STATE

M. MILLIGAN OCT 0 5 2018



SUNTRUST CENTER 200 SOUTH ORANGE AVENUE SUITE 2900

POST OFFICE BOX 1549
DULANDO, FLORIDA 32801

PHONE: 407.422,6600 FAX: 407.841,0325

www.bakerdonelsan.com

Direct Dial: 407-367-5428

E-Mail Address: jdcjulio@bakerdonelsnn.com

September 24, 2018

## VIA FEDERAL EXPRESS

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Tel: 850.245.6000

Attn: Filing of Amendment to Articles of Organization for LLC

Re: Jefferson Arms Apartments, LLC, a Florida limited liability company

Dear Filing Official:

Enclosed please find an original plus one copy of an Amendment to the Articles of Organization for Jefferson Arms Apartments, LLC, a Florida limited liability company, along with our check for \$25.00 for the filing fee.

Please return a dated-stamped acknowledgment copy of the filed Articles of Amendment to me at your earliest convenience. Thank you!

Sincerely,

Janice A. DeJulio, CP

(at the request of Marty Hartley)

Enclosures

## **COVER LETTER**

	istration Sec ision of Corp					
SUBJECT:	Jefferson Arms Apartments, LLC					
Sobsect.			ted Liability Company			
The enclosed	Articles of A	mendment and fee(s) are sub	nitted for filing.			
Please return	all correspon	dence concerning this matter t	to the following:			
		Martha Anderson Hartley,	Esq.			
			Name of Person			
		Baker, Donelson, Bearman	, Caldwell & Berkowitz, PC			
			Firm/Company			
200 South Orange Avenue, Suite 2900						
		<del></del>	Address			
		Orlando, Florida 32801				
			City/State and Zip Code	<del></del>		
		Todd@menowitz.com				
		E-mail address: (I	to be used for future annual report notifi	cation)		
For further in	nformation co	ncerning this matter, please ca	all:			
Martha ("Marty") Hartley			407 367-5427 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for the	e following amount:				
■ \$25.00 F	iling 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jefferson Arms Apartments, LLC		
(Name of the Limited	Liability Company as it now appears on our records.)  Florida Limited Liability Company)	- 경우 기반
the Articles of Organization for this Limited Liab lorida document number <u>L09000098838</u>	pility Company were filed on October 13, 2009 and a	ssigned
his amendment is submitted to amend the follow	ving:	
If amending name, enter the new name of t	he limited liability company here:	
he way again must be distinguishable and contain the way	ds "Limited Liability Company," the designation "LLC" or the abbreviation '	110"
•		15.15.0.
inter new principal offices address, if applicat		
Principal office address MUST BE A STREET	ADDRESSI	
•		
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u> </u>	
3. If amending the registered agent and/or the new registered offi	r registered office address on our records, <u>enter the nam</u> <u>ce address here</u> :	e of the
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.		
New Registered Office Address.	Enter Florida street address	_

## 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	TGM Jefferson Arms, LLC		
		91-31-Queens Blvd., Elmhurst, NY 11373	■ Rcmove
		<del></del>	Change
MGR	Todd Menowitz	91-31-Queens Blvd., Elmhurst, NY 11373	
			Remove
			Change
·			Add
			□ Remove
			Change
			□ Remove
			□ Change
			Remove
			☐ Change
			Remove
			☐ Change

Article IV - Manager(s)	) or Managing Membe	er(s) - is changed			
a manager-managed lin	nited liability company	y.	<del>, ,</del>		<del></del>
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	<del></del>				
ive date, if other tha fective date is listed, the da If the date inserted in t tent's effective date on	ate must be specific and ca this block does not me	annot be prior to da et the applicable	te of filing or more that statutory filing requ	optional)  90 days after filing.) Frements, this date w	ursuant to 605.
cord specifies a del 90th day after the	layed effective da e record is filed.	ite, but not an	effective time,	at 12:01 a.m. oi	1 the earlie
September 22	,	2018			
1/2	to Naws	2			
A / ( C-C	- 5 / 1/	I	representative of a m		

Page 3 of 3

Filing Fee: \$25.00