10000039115

	(Requestor's Name)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
PICK-UF	WAIT MAIL		
	(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		

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L. SELLERS

DEC 2 2 2010

EXAMINER

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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJ	FCT:	Liberty Squa	re Apartments, LL0		
44			ited Liability Company		
		Amendment and fee(s) are sulported this matter	_		
			Jonathan Bloom		
			Name of Person		
		•	Bloom & Freeling		
		•	Firm/Company		
		2295 NW Corporate Blvd., Suite 117			
			Address		
Boca Raton, Florida 33431				11	
			City/State and Zip Code		
		jbloc E-mail address: (om@bloom-freeling.co to be used for future annual repo	m rt notification)	
For fu	ther information c	concerning this matter, please of	all:		
	Jon	athan Bloom	at (_561_)	864-0000	
	Name o	of Person	Area Code & I	Daytime Telephone Number	
Enclos	ed is a check for th	he following amount:			
▼ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified C	of Status &
		ING ADDRESS:		OURIER ADDRESS:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liberty Square Ap	<u>artments, LL</u>	.C		
(Name of the Limited Liability Company (A Florida Limited Lia	/ <mark>as it now appears</mark> ibility Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company we Florida document numberL10000039115	vere filed on	April 12, 2010	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ity company here	:		
809 EBB,	LLC			
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Compar	y," the designation "L	LC" or the al	bbreviation
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)				
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		ur records, <u>enter t</u>	he name of	the new
Name of New Registered Agent:			TS =	
New Registered Office Address:	Ente	er Florida street add	AH P	Countries Countr
		, Florida		5
•	City	r	Žip Gode	
New Registered Agent's Signature, if changing Registered Agent:			256 ATE	

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 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

<u>le</u>	<u>Name</u>	<u>Address</u>	Type of Actio
			Add
•			Remove
			Domaua
		·	□ D amazza
			Remove
			□D amayo
If amen	ding any other information, e	nter change(s) here: (Attach additional shee	ts, if necessary.)
_			
_			
ed	December 17	<u>, 2010</u> .	
		of a member or authorized representative of a men	m hou

Page 2 of 2

Filing Fee: \$25.00