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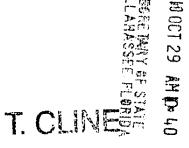
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EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJI	ECT:	Oxford Wal	k Apartments, LLC		
The en	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			James D. Palermo		
			Name of Person		
		De	DeBartolo Holdings, LLC		
			Firm/Company		
		15436 No	rth Florida Avenue - Sui	te 200	
			Address		
			Tampa, FL 33613	ermo gs, LLC y nue - Suite 200 3613 Code Oldings.com nnual report notification) 264-8803 a Code & Daytime Telephone Number Fee & \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copyis enclosed) REET/COURIER ADDRESS: gistration Section vision of Corporations ifton Building All Evapurius Center Circle	
			James D. Palermo Name of Person DeBartolo Holdings, LLC Firm/Company 15436 North Florida Avenue - Suite 200 Address Tampa, FL 33613 City/State and Zip Code jpalermo@debartoloholdings.com mail address: (to be used for future annual report notification) atter, please call: O at (813) 264-8803 Area Code & Daytime Telephone Number unt: tag Fee & Certified Copy (additional copy is enclosed) STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 264-Reaction Corporations Clifton Building 265-Reaction Corporations Clifton Building 266-Reaction Corporations Clifton Building		
		jpalerm	no@debartoloholdings.co	om	
				iouncation)	
For fur	ther information	concerning this matter, please of	call:		
	Jam	nes D. Palermo	at (_813)		
	Name	of Person	Area Code & Da	ytime Telephone Number	
Enclos	ed is a check for	the following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certifica osed) Certified	te of Status & Copy al copy is enclosed)
	Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, FL 32314	Registration Se Division of Co Clifton Buildin	ection rporations g e Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oxford Walk	Apartments, LI	LC			
(Name of the Limited Liability Co) (A Florida Limi	mpany as it now appe	ars on our records.)			
· (A Florida Dami	ica Etability Company,	•			
The Articles of Organization for this Limited Liability Comp	oany were filed on	August 2, 2010	and a	assigned	i
Florida document number L10000080919					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company h	ere:			
Arbor Walk A	Apartments, LLC				
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Com	pany," the designation "	LLC" or th	e abbrev	viation
Enter new principal offices address, if applicable:			-1 -5	~3 5::3	
(Principal office address MUST BE A STREET ADDRESS	<u></u>		و المنام المستم	15	
			圣常	C1	j ' į
				29	8
Enter new mailing address, if applicable:				20 0 to 100 to	
(Mailing address MAY BE A POST OFFICE BOX)			- N	1}	T
	<u></u>			- E-	
			>	0	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter	the name	of the	new
Name of New Registered Agent:					
Marie of 1704 Registered Figure.					
New Registered Office Address:		Inter Florida street ad	drass		
	£	mier I wiua sireet aa	M1 (23)		
		, Florida	771		
	City		Zip Co	зае	

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 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
 			Add Remove
			Add Remove
			Add Remove
.	<u></u>		Add Remove
<u>.</u>			Add
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	ATHERY SEM OCT
_			29 MD
Dated	October 26, 20		<u> </u>
	Signature of a mamber	r or authorized representative of a member	

Filing Fee: \$25.00