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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA00000003 1: (850)222-1:92 Phone : (850)878-5368 Fax Number

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MACEDONIA APARTMENTS, LLC

Certificate of Status	1
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## **COVER LETTER**

Division of C	osection Corporations			
SUBJECT:	Macedoni	a Apartments, LLC		
<u></u>		nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	abmitted for filing.		
Please return all corre	spondence concerning this matte	er to the following:		
		Vahe Jordan		
		Name of Person		
Jordan Law Group APLO				
Firm/Company				
	8052 MELROSE AVE. 2ND FL			
	· · · · · · · · · · · · · · · · · · ·	Address		
	LO	S ANGELES CA 90046		
		City/State and Zip Code		
	vahe@thejordanlawgroup.com  B-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please	call:		
· · · · · · · · · · · · · · · · · · ·	Vahe Jordan	at ( 323 ) 6	58-8494	
Name	of Person	Area Code & Paytime	Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	(7)\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	LING ADDRESS: tration Section	STREET/CEURIER Registration Section	R ADDRESS:	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Centor Circle
Tallabassee, J.L. 32301

## FILED

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2011 OCT -5 AM 8: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Macedo	onia Apartments, LL	<u>.C</u>
(Name of the Limited Liabil (A Florid	a Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liability	Company were filed on	October 4 2010 and assigned
Florida document numberL10000103599		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company he	ere:
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	1104	
	<u></u>	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		•
•	E	nter Florida street address
	City	, Florida Zip Code
	City	zip Coae

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

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

Titte	Name	Address	Type of Action
MGRM	Todd Menowitz	91-31 Queens; Blvd, Suite 512 Elmhurst, NY, 11373	√ Remove
	•		
Market Stage Sections in contrast			
ламина с <sub>тр.</sub> уг бА ( <del>1880 годин</del> а	PPO TITA BERNINGS AND ANGERS SECURITIES AND ANGELS AND		
			Add Remove
a was a second	and the state of t		Add
D. If amend	Λ	ge(s) here: (Attach add.rional sheets, if necessur	·y.)
Dated	September 20 , 20	0111	FILE 2011 OCT -5 SEUNETARY TALLAHASS
		r or authorized representative of a member  Menowitz, Member  or printed name of signee	AM 8
		Page 2 of 2	: 24 TATE DRIDA