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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Village WALK Apartments, CCC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Steven KREMER Name of Person
Firm/Company
PO BOX 172 Address PONTUAND, ME 04112 City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
City/State and Zip Code DORTUAN A PART MENTS @ 44H0 6, COM E-mail address: (to be used for future annual report notification) 5
For further information concerning this matter, please call:
Stuckvener at (207) 650-8232 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$ 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

Village WAL	Liability Company as it now appears on to Florida Limited Liability Company)	LLC
(Name of the Limited (A	Liability Company as it now appears on to Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liab Florida document number/ OCOO /	ility Company were filed on	,
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the		
The new name must be distinguishable and end with the wor	E, LLC	
The new name must be distinguishable and end with the wor	rds "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	<u> </u>
(Principal office address MUST BE A STREET)	4DDRESS)	
		years and
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC	DX)	
	-	
B. If amending the registered agent and/or registered agent and/or the new registered offic		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	reet address
		, Florida
	City	Zip Code

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 the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
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•	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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Effective date The effective date the date this document Dated	e, if other than the date of filing:(optional) e must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after cument is filed by the Florida Department of State) 3.77,
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