L11000107461

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DIVISION OF CORPORATION

14. IIII IN PM 3: 30

J. HARRIS

COVER LETTER

Division of Co			
SUBJECT: CA	STLEWOOD A	PARTMENTS, LL	_ C
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
		Name of Person	
	\A/ D		
	Wadson Pro	perties, LLC	
		Firm/Company	
	2827 SW 4t	h Street	
		Address	
	Fort Lauder	dale, FL 33312	
	We do an Duam autic	City/State and Zip Code	
	WadsonPropertie	es@gman.com to be used for future annual report notific	cation)
For further information of	concerning this matter, please c	_	outon)
Wadson Sa	ainvil	at (954) 448-40 Area Code Daytime	099
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing 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

Castlewood Apartments, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
	•	
The Articles of Organization for this Limited Liability Company	were filed on 09/20/2011	and assigned
Florida document number L11000107461		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
W.P. Apartments I, LLC		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	3591-3593 NW 78th Lane	-
(Principal office address MUST BE A STREET ADDRESS)	Coral Springs, FL 33065	- P!
		SEC:
		P 26
Enter new mailing address, if applicable:		- SAE
(Mailing address MAY BE A POST OFFICE BOX)		2 550
		<u>ώ</u> 4 <u>r</u>
		3 %
B. If amending the registered agent and/or registered of	ffice address on our records, enter the	ne name of the ne
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
	City	Zip Code
Now Designatured Amentle Cianature of the mains Designatured Ament		

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, enter the title, name, and address of each Manager of Authorized Member being added or removed from our records:

lanager authorized Member		
<u>Name</u>	Address	Type of Action
Wadson Properties, LLC	P. O. BOX 122284	■ Add
	FORT LAUDERDALE, FL 3331	2 □ Remove
Wadson Sainvil	P. O. BOX 122284	
	FORT LAUDERDALE, FL 33312	2 ■ Remove
		_ Add _ Reprove SE
		SECRED SECRETARY OF CORRESPONDENCE OF CORRESPOND
	Name Wadson Properties, LLC	Name Wadson Properties, LLC P. O. BOX 122284 FORT LAUDERDALE, FL 3331

2 9	
ffective date, if other than the date of filin	ıg: (optional)
ne effective date must be specific, cannot be prior to de	ate of receipt or filed date and cannot be more than 90 days after
	ent of State)
the date this document is filed by the Florida Departme	ent of State)
the date this document is filed by the Florida Departme	
the date this document is filed by the Florida Departme	member or authorized representative of a member
atedSignature of a	

Page 3 of 3

Filing Fee: \$25.00

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