

L11000111369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600217359276

600217359276
OFFICE-01031-DET ***55.00

FILED

2012 JAN -9 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JAN 10 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LONDONTOWNE APARTMENTS MP LLC
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:

STUART K. HOFFMAN, ESQ.

Name of Person

STUART K. HOFFMAN, ESQ., P.A.

Firm/Company

888 BRICKELL KEY DRIVE, STE. 808

Address

MIAMI, FL 33131

City/State and Zip Code

SHOFFMAN@SKHLEGAL.COM

E-mail address: (to be used for future annual report notification)

FILED
2012 JAN - 9 PM 3:35
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

For further information concerning this matter, please call:

STUART K. HOFFMAN

Name of Person

at (786)

539-4145

Area Code & Daytime Telephone Number

Enclosed is a check for the 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**

LONDONTOWNE APARTMENTS MP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 28, 2011 and assigned
Florida document number L11000111369

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CG APTS LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

ABC REALTY

152 WEST 57TH STREET, 12TH FLOOR

NEW YORK, NEW YORK 10019

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

ABC REALTY

152 WEST 57TH STREET, 12TH FLOOR

NEW YORK, NEW YORK 10019

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

2801 SW 31ST AVENUE, SUITE 2B

Enter Florida street address

MIAMI

Florida

33133

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 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

FILED
2012 JAN -9 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove


_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

FILED
 0012 JAN - 9 PM 3:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 1/4/12



 Signature of a member or authorized representative of a member
DAVID R. TOPPING

 Typed or printed name of signee