

10/09/2013 16:12
10/9/13

854 229 47

VIERA WILLIAMS P.A.

PA 01/05

C11000123765

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000225260 3)))



H130002252603ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : VIERA WILLIAMS, P.A.
Account Number : 120090000023
Phone : (850) 222-0013
Fax Number : (850) 222-9047

2013 OCT -9 PM 8:28
RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Email Address: RWilliams@VieraWilliams.com

RECEIVED
13 OCT -9 AM 10:00
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BENCHMARK WEST APARTMENTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

OCT 10 2013
T CLINE

((H13000225260 3)))
COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Benchmark West Apartments, 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:

Michael T. Black

Name of Person

Viera Williams, P.A.

Firm/Company

545 East Tennessee Street, Suite 100-A

Address

Tallahassee, Florida, 32308

City/State and Zip Code

MBlack@VieraWilliams.com

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

For further information concerning this matter, please call:

Michael T. Black

Name of Person

at (850) 222-0013

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

((H13000225260 3)))

SECRETARY OF STATE
TALLAHASSEE, FL 32301

2013 OCT -9 AM 02 28

FILED

((H13000225260 3)))
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Benchmark West Apartments, 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 October 31, 2011 and assigned
Florida document number L11000123765.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street 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 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

(((H13000225260 3)))

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Hurley H. Booth, Jr., Trustee	P.O. Box 20325	<input type="checkbox"/> Add
		Tallahassee, Florida, 32316	<input checked="" type="checkbox"/> Remove
MGR	Mark Levine	245 East Virginia Street	<input checked="" type="checkbox"/> Add
		Tallahassee, Florida, 32301	<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

2013 OCT 9 PM 3:28
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

2013 OCT 9 PM 3:28
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

(((H13000225260 3)))

(((H13000225260 3)))

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

Dated October 9, 2013



Signature of a member or authorized representative of a member

Michael T. Black, Esq., Authorized Representative

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 OCT -9 PM 8:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

(((H13000225260 3)))