## L11000125440

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D. BRUCE

MAR 07 2012

**EXAMINER** 

## COVER LETTER

Division of Co	orporations		
SUBJECT:	POAH Tri	nity Towers, LLC	
		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		Patrick Niebauer	
		Name of Person	
	Preservat	ion of Affordable Housing, Inc	С.
		Firm/Company	
	40	Court Street, Suite 700	
		Address	<del></del>
		Boston, MA 02108	
		City/State and Zip Code	
	F	oniebauer@poah.org	
	E-mail address: (	to be used for future annual report notifica	tion)
For further information	concerning this matter, please of	call:	
Pa	trick Niebauer	at ( <u>617)</u> 4	49-1018
	of Person	Area Code & Daytime T	
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$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)
MAIL	LING ADDRESS:	STREET/COURIEI	R ADDRESS:

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

32

\*Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PC	DAH Trinity Towers, LLC		
( <u>Name of the Limited</u> (A	Liability Company as it now appe Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Lia	ability Company were filed on	November 3, 2011	_ and assigned
Florida document number L11000125	440		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company h	<u>ere</u> :	
	H Trinity Towers South, LL		
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Com	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applica	<del></del>		
(Principal office address MUST BE A STREE)	TADDRESS)		
			<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I			
Manning university BETT TOOT OF THEE			
B. If amending the registered agent and/o		our records, enter the	name of the new
registered agent and/or the new registered off	<u>lice address here</u> :		
No. of CNA Decision 144			
Name of New Registered Agent:			
New Registered Office Address:			
	I	Enter Florida street addre	55
		, 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

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

j ( + \*

	<u>Name</u>	<u>Address</u>	Type of Action
			Add
	<del> </del>		Add Remove
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			AddRemove
			AddRemove
		<del></del>	
<del></del>	······································		Add Remove
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Page 2 of 2

Filing Fee: \$25.00