## 4/1000/30582

	(Requestor's Name)
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PICK-U	JP
	(Business Entity Name)
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	(Document Number)
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**EXAMINER** 



100238564291

08/30/12--01031--011 \*\*25.00



## COVER LETTER

TO:

TO:	Registration S Division of Co					
SUBJE	c <b>c</b> ⊤∙	511	8 56th LLC			
30001			ted Liability Company	<del></del>		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:		•	
			Chip Gates		SS. No.	
			Name of Person			
			Avesta			
		•	Firm/Company		<b>2812 AUG 30</b> SEUR <sub>E</sub> IARY ALLAHASSE	ŗ
			5118 N. 56th St.		7 g	
			Address		STATE	(,
			Tampa, FL 33610		6	
		<del>. ,</del>	City/State and Zip Code			
		cga E-mail address: (	tes@avestahomes.com to be used for future annual report n	otification)		
For fu	ther information	concerning this matter, please of	_	•		
		Chip Gates	at ( 813 )	444-1522		
	Name	of Person	Area Code & Day	time Telephone Number		
Enclos	ed is a check for	the following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified	e of Status &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, FL	rporations g : Center Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	5118 56th LLC		
( <u>Name of the Limited Lial</u> (A Flor	pility Company as it now appeared a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabili			and assigned
	• • •	1171072011	and assigned
Florida document number L11000130582	<u>2</u>		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :	ALLA SECTION
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	nny," the designation "I	LC or the appreviation
Enter new principal offices address, if applicable	<u> </u>		
(Principal office address MUST BE A STREET A	DDRESS)		
			100 E
Enter war weiting address if anniversity			
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		
	<u></u>		
B. If amending the registered agent and/or r registered agent and/or the new registered office		our records, <u>enter (</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street add	iress
_		, Florida	7. 6.1
	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, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager \* \* MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Avesta Preal Estate Fund I LLC	5118 N. 56th St. Tampa, FL 33610	Add  Remove
MGR_	Austa PralEstate Holdings LLC	5118 N. 56th St. Tampa, FL 33610	✓ Add Remove
			Add Remove
			Add Remove
			A PRemote
D If amer	ading any other information, enter char	nge(s) here: (Attach additional sheets, if necessa	Adder Respoye
	any other miorination, enter char	ge(s) nere: (much udanional sheets, y necessa	
_			<del></del>
Dated	Any 70 . 7	<u>2012</u> .	
	Signature of a mamb	der of authorized representative of a member	<del></del>
	_	Nathaniel Fischer	
		ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00