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## **COVER LETTER**

TO: Registrate Division of	ection rporations	
	2nd LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Artic	Amendment and fee(s) are submitted for filing.	
Please return all co	ondence concerning this matter to the following:	
	Zachary Oseland	
	Name of Person	
	Avesta	
	Firm/Company	
	5118 N 56th St., Suite 201	
	Address	
	Tampa, FL 33610	
	City/State and Zip Code	2015
	gvtnotices@avestacommunities.com	ا با
	E-mail address: (to be used for future annual report notification)	
For further informa	concerning this matter, please call:	AN -6 PH
Zachary Osela	concerning this matter, please call:    813	OF SIT
٨	of Person Area Code Daytime Telephone Number	AIE W
Enclosed is a check	he following amount:	
■ \$25.00 Filing F	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fe Certificate of Status Certified Copy Certificate of S	•

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13142 22nd 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 12/22/2011 Florida document number <u>L11000143150</u> 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Real Estate Fund I LLC	5118 N 56th Street	<b>=</b> Add
		Tampa, FL 33610	□ Remove
MGR Aves	Avesta Real Estate Fund I	5118 N 56th Street	
		Tampa, FL 33610	■ Remove
			Add
			Remove
			□ Add
			□ Remove
			2015 JAN -A SECRETAR SECRETAR
			SE S
			□ Remove

If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
	ve date, if other than the date of filing:
Dated _	December 23, 2014.
	Mrs. Ollis
	Signature of a member or authorized representative of a member  Zachary Oseland
	Euriui y Oppiuliu

Page 3 of 3

Filing Fee: \$25.00

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