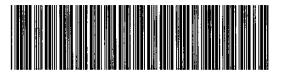
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
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COVER LETTER

TO: **Registration Section Division of Corporations** River Edge Apts 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: Harold M. Garber Name of Person Harold M. Garber, PA Firm/Company 2999 NE 191 St #900 Address Aventura, FL 33180 City/State and Zip Code hmgarber@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Harold Garber Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy 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:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FIL	ED
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2	,	AMILLO

RIVER EDGE APTS. LLC		SEUNCIAN AMILEO
(<u>Name of the Limited</u> (A	Liability Compar Florida Limited L	y as it now appears on our records.
The Articles of Organization for this Limited Liab Florida document number <u>L12000013645</u>	oility Company	were filed on January 30, 2012 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liabi	lity company here:
The new name must be distinguishable and end with the wo	ords "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	3032 E Commercial Blvd #120
(Principal office address MUST BE A STREET	ADDRESS)	Ft Lauderdale, FL 33308
Enter new mailing address, if applicable:		3032 E Commercial Blvd #120
(Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>	Ft Lauderdale, FL 33308
B. If amending the registered agent and/or registered agent and/or the new registered office		fice address on our records, enter the name of the
Name of New Registered Agent:	Harold M G	arber
New Registered Office Address:	2999 NE 19	1 St #900
		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 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

Aventura

If Changing Registered Agent, Signature of New Registered Agent

Florida 33180

Zip Code

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

MGR = Manager AMBR = Authorized Member Title **Name Address Type of Action** Achiaz Amr Oz **MGRM** 1300 NE Miami Gardens Dr #221 E Miami, FL 33179 ■ Remove 3032 E Commercial Blvd #120 ___ ■ Add Achiaz Oz MGR Ft Lauderdale, FL 33308 _ Remove Lily L Attas MGRM 1300 NE Miami Gardens Dr #221 E Miami, FL 33179 **■** Remove 3032 E Commercial Blvd #120 Lea Lily Attas MGR Ft Lauderdale, FL 33308_ Remove 1300 NE Miami Gardens Dr #221E Varda Oron MGRM Miami, FL 33179 **■** Remove ☐ Add ☐ Remove

If amending any other information, enter change(s) here: (Attach add	menar sneens, y necessary.
ffective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	(optional) ot be more than 90 days after
ated $\frac{6/30/20/9}{\sqrt{30/30/9}}$	
Signature of a member or authorized representat	ive of a member
Lea Lily Attas	
Typed or printed name of signed	

Page 3 of 3

Filing Fee: \$25.00