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K. SALY EXAMINER AUG 3 1 2012

COVER LETTER

TO:	Registration S Division of Co				
SUBJI	ECT:	13533	Gragston LLC		
Name of Limited Liability Company					
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
		Chip Gates Name of Person			
			Avesta		
Firm/Company					
5118 N. 56th St. Address					
	Tampa, FL 33610				
		cga	City/State and Zip Code tes@avestahomes.com to be used for future annual report n	otification	
For fu	rther information	concerning this matter, please of	•	onnearony	
		Chip Gates	at (813)	444-1522	
	Name	of Person	Area Code & Day	time Telephone Number	
Enclos	sed 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	Seed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COU Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, Fl	rporations g : Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED.

12 AUG 30 PM 1:50

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

13533 Gragston 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 Lia	ability Company were filed on	2/22/2012	and assigned
Florida document numberL12000025	· '		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company here	<u>e</u> :	
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
			<u> </u>
Enter new mailing address, if applicable:			····-
(Mailing address MAY BE A POST OFFICE)	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered of		our records, enter	the name of the new
Name of New Registered Agent:	*		<u>,,</u>
New Registered Office Address:			
	Ent	ter Florida street ad	dress
	7-0	, Florida	Zip Code
	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>	Name	Address	Type of Action
MGR	Integritas Residential LLC	5118 N. 56th St. Tampa, Fl. 33610	Add Remove
MGR_	Avesta heal Estate Fund I LLC	5118 N. 56th St. Tampa, FL 33610	✓ Add Remove
·			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
_			
— Dated	An Zo Z	012	 -
Dated	, <u> </u>		
		r or authorized representative of a member	
		lathaniel Fischer I or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00