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(Requ	estor's Name)				
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'AUG 3 1 2012 T. HAMPTON

COVER LETTER

TO:

то:	Registration S Division of Co	ection rporations	•	
SUBJE	CT:	1173	8 14th LLC	
			ted Liability Company	
The end	closed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please 1	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		
		City/State and Zip Code		
		cgat	tes@avestahomes.com	-1(C(1)
For fur	ther information	concerning this matter, please c		nneamon)
		Chip Gates	at (813) Area Code & Day	444-1522
	Name	of Person	Area Code & Day	time Telephone Number
Enclose	ed is a check for	the following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 AUG 30 AH 11: 41

11	738 14th LLC	4			
(Name of the Limited Liabilit (A Florida	y Company as it now appear	s on our records.			
(A Florida	Limited Liability Company)	Ì			
The Articles of Organization for this Limited Liability O	Company were filed on	3/8/2012	and assigned		
Florida document number L12000033659					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liability company her	<u>e</u> :			
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Compa	ny," the designation ".	LLC" or the abbreviation		
Enter new principal offices address, if applicable:			 		
(Principal office address MUST BE A STREET ADD	RESS)				
			····		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter</u>	the name of the new		
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Title Name Address Integritas Residential LLC MGR ☐ Add
✓ Remove 5118 N. 56th St. Tampa, FL 33610 MGR 5118 N. 56th St. ✓ Add Remove Tampa FL 33610 Remove Add Remove ∐Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Nathaniel Fischer Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00