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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Se Division of Cor	ection porations		se ^{e®}	
SUBJI	ECT:	3520 Cleve	land Heights LLC		
0000			ted Liability Company		
The er	aclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	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		
		E-mail address: (tes@avestahomes.com to be used for future annual report noti	fication)	
For fu	rther information o	concerning this matter, please of	all:		
	(Chip Gates	at (_813)	444-1522	
Name of Person			Area Code & Daytin	ne Telephone Number	_
Enclo	sed is a check for t	he following amount:			
\$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Section 1 Section 1 Section 2 Sectio	Status &
		JING ADDRESS: ration Section	STREET/COUR Registration Secti		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3520	Cleveland Heights LLC	;		
(Name of the Limited Lia (A Flo	bility Company as it now appear rida Limited Liability Company)	s on our records.		
The Articles of Organization for this Limited Liabil Florida document number		3/12/2012	and assign	ed
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compa	ny," the designation "LI	C" or the abbr	reviation
Enter new principal offices address, if applicable	2:			
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter th	e name of t SECRETALLAH	he new
Name of New Registered Agent:			# <u>#</u>	E-state
New Registered Office Address:	En	ter Florida street addr		
	En		F SI FFLO	
_	City	, Florida	Zin Code	
New Registered Agent's Signature, if changing Regi	stered Agent:		À	

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	Integritas Residential LLC	5118 N. 56th St. Tampa, FL 33610	Add ✓ Remove
MGR_	Avesta Real Estate Fund 1 LLC	5118 N. 56th St. Tampa, FL 33610	Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_
_		· · · · · · · · · · · · · · · · · · ·	
	Ang 20 , 20	の	<u> </u>
Dated	The state of the s	er or authorized representative of a member	
	1	Nathaniel Fischer	
	Type	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00