L12000082317

· (R	equestor's Name)		
(A	ddress)		
. (A	ddress)		
(C	ity/State/Zip/Phone #)		
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(Document Number)			
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J. SAULSBERRY EXAMINER

JUL 3 2012

COVER LETTER

то:	Registration S Division of Co					
SUBJI	FCT:	APEX CENTURY	COLONIAL PLAZA LLC			
SOBJ			ited Liability Company	•		
The en	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.			
Please	return all corresp	ondence concerning this matter	r to the following:			
			Steven J. Longo	_		
			Name of Person			
		Ве	nchmark Management	_		
			Firm/Company			
		40	053 Maple Rd, Ste 200	_ =	F2	
			Address	ALLI SECI	<u>9</u> 2	
			Amherst, NY 14226	(五) (五)	S S	
			City/State and Zip Code	SSER	29	
	; ,	Slon	go@benchmarkgrp.com to be used for future annual report notification)	of s		(
For fu	ther information	concerning this matter, please of	•	OF STATE E.FLORIDA	2912 JUN 29 AM 10: 50	
	S	Steve Longo	at (716) 833-4986			
	Name	of Person	Area Code & Daytime Telephone Numb	per		
Enclos	ed is a check for	the following amount:				
	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, cate of Stat ed Copy onal copy i		sed)
	Regist Divisi P.O. E	LING ADDRESS: tration Section ion of Corporations 30x 6327 nassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

APEX CENTURY COLONIAL PLAZA 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 Co	pany were filed on June 21, 2012 and assigned
Florida document number L12000082317	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	I liability company here:
The new name must be distinguishable and end with the word "L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2910 SE SE
(Principal office address MUST BE A STREET ADDR	SO ZEE TO
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register	ed office address on our records, enter the name of the ne
registered agent and/or the new registered office addr	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Samuel R. Narins	4053 Maple Rd, Ste 200 Amherst, NY 14226	Add Remove
MGR_	Clarke H. Narins	25 Casa Mar Lane Naples, FL 34103	
MRG	Marshall Dean	4053 Maple Rd, Ste 200 Amherst, NY 14226	
MGR	SRN Properties Inc	4053 Maple Rd, Ste 200 Amherst, NY 14226	
			Add Remove
			Add Remove
D. If amen —	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessor	E SECRETARIA
			29 AM 10: 50 SSEE FLORIDA
Dated		2012	
	Signature of à me	ember or authorized representative of a member	
		Samuel R. Narins	
	T	yped or printed name of signee	

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Filing Fee: \$25.00