## L120000906360

Office Use Only



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SECRETARY OF STATE
SALLAHASSEE, FLORIDA

D. BRUCE

OCT 17 2012

EXAMINER

## **COVER LETTER**

TO:	Registration Se Division of Cor	ection rporations				
SUBJECT: Ken-Bar			Apartments LLC			
		Name of Limi	ted Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
			William J. Rotella			
	Ken-Bar Apartments LLC					
	Firm/Company				•	
	3300 N. Federal Highway, Suite 200					
			Address		****	
	Fort Lauderdale, FL 33306				ALL SEC	
			City/State and Zip Code		₹~ <b>8</b>	<b>&gt;</b>
w		rjr@rotellagroup.com		16 ASSE		
	٠		to be used for future annual report i	notification)	men ng	
For fun	ther information of	concerning this matter, please c	eall:		ES C.	ו <u>.</u>
	Ju	lie L. Branch	at ( 954 )	568-9015	<b>27</b> 图5.	
	Name o	of Person		ytime Telephone Numbe	r	
Enclose	ed is a check for t	he following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certifie	ate of Status &	

MAILING ADDRESS:

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

Ken-Bar	Apartments LLC		
(Name of the Limited Liability C (A Florida Lir	Company as it now appear mited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on	July 11, 2012	and assigned
Florida document number L12000090636	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company he	ere:	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
<u>(Principal office address MUST BE A STREET ADDRE</u>	<u></u>		12 0
			AAC 8
			FILI FILI AKY ASSE
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	~		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office addre		our records, enter t	the name of the new
Name of New Registered Agent:			
New Registered Office Address:		Inter Florida street ada	lwace -
	E		11 622
<del></del>	City	, Florida	Zip Code
	Ç.,,		

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. Address <u>Name</u> MGRM William J. Rotella 3300 N. Federal Highway, Suite 200 ☐ Add √ Remove Fort Lauderdale, FL 33306 Rollings R's 1 LLC MGRM 3300 N. Federal Highway, Suite 200 ✓ Add Fort Lauderdale, FL 33306 ☐ Remove **MGRM** Felipe Echarte St. 2749 NE 18 Street ☐ Add Fort Lauderdale, FL 33305 Remove Hermanos I LLC MGRM **✓** Add 2749 NE 18 Street Remove Fort Lauderdale, FL 33305 MGRM Alan Margolis  $\prod Add$ 141 NW 20 Street, E-1 ✓ Remove Boca Raton, FL 33431 MGRM MMS Real Estate Holdings, LLC 141 NW 20 Street, E-1 TŘémove -Boca Raton, Fl. 33431 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) nember or authorized representative of a member

Page 2 of 2

William J. Rotella
Typed or printed name of signee

Filing Fee: \$25.00

APPROVED