

L13000059070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

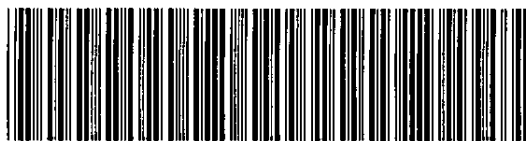
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
13 DEC 30 AM 10:51
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
FILED
13 DEC 29 AM 9:39
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

J. Shivers DEC 31 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 943661 7495468

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 25.00

ORDER DATE : December 30, 2013

ORDER TIME : 10:26 AM

ORDER NO. : 943661-015

CUSTOMER NO: 7495468

DOMESTIC AMENDMENT FILING

NAME: AMBERGATE APARTMENTS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS: _____

FILED
13 DEC 30 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Ambergate Apartments, 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 Company were filed on 4/22/2013 and assigned
Florida document number L13000059070.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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:

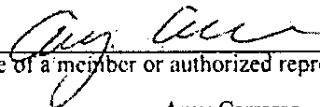
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lexford Pools 1/3 LLC	333 Earle Ovington Blvd., Suite 900	<input type="checkbox"/> Add
		Uniondale, NY 11553	<input checked="" type="checkbox"/> Remove
MGR	Interstate Realty Holdings, LLC	333 Earle Ovington Blvd., Suite 900	<input checked="" type="checkbox"/> Add
		Uniondale, NY 11553	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

TALLAHASSEE COUNTY
 DEPARTMENT OF REVENUE
 10500
 08-03-2011
 10:50 AM

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated December 30 2013



Signature of a member or authorized representative of a member

Amy Carreras

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 DEC 30 AM 8:39
STATE OF FLORIDA
TALLAHASSEE, FLORIDA