

PLEASE HONOR SUBMISSION DATE OF 6/28/2018

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (350) 617-6383

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 280-3338  
Fax Number : (954) 208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SWEETWATER APARTMENTS LLC

|                       |         |
|-----------------------|---------|
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PLEASE HONOR SUBMISSION DATE 6/28/2018

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Corporate Filing Menu

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K. SALY

JUL -2 2018

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED  
18 JUN 29 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SWEETWATER 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 MAY 29, 2013 and assigned  
Florida document number L13000077359.

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 contain 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)*

192 LEXINGTON AVENUE

SUITE 901

NEW YORK, NY 10016

Enter new mailing address, if applicable:

*(Mailing address MAY BE A POST OFFICE BOX)*

192 LEXINGTON AVENUE

SUITE 901

NEW YORK, NY 10016

**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:

CT Corporation System

New Registered Office Address:

1200 South Pine Island Road

*Enter Florida street address*

Plantation

City

Florida

33324

ZipCode

**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 605, 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.*



Stephanie Boehm, Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u>                              | <u>Type of Action</u>  |
|---|--|
| MGRM SWEETWATER APARTMENTS HOLDINGS, INC. | 192 Lexington Avenue <input type="checkbox"/> Add            |
|   | Suite 901 <input checked="" type="checkbox"/> Remove         |
|   | New York, NY 10016 <input type="checkbox"/> Change           |
| MGR SWEETWATER APARTMENTS HOLDINGS, INC.  | 192 Lexington Avenue <input checked="" type="checkbox"/> Add |
|   | Suite 901 <input type="checkbox"/> Remove                    |
|   | New York, NY 10016 <input type="checkbox"/> Change           |
|   | <input type="checkbox"/> Add                                 |
|   | <input type="checkbox"/> Remove                              |
|   | <input type="checkbox"/> Change                              |
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|   | <input type="checkbox"/> Add                                 |
|   | <input type="checkbox"/> Remove                              |
|   | <input type="checkbox"/> Change                              |

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STATION

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

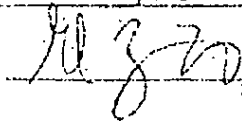
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 27, 2018.



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Gideon Z. Friedman, President of Sweetwater Apartments Holdings, Inc., Manager of Sweetwater Apartments LLC  
\_\_\_\_\_  
Typed or printed name of signer