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SECRETARY OF STATE

FEB 0 3 2015
J. HARRIS

COVER LETTER

то:	Registration Division of C			•
CUD ID	Hideav	vay Apartments, LLC		
SUBJEC	UI:	Name of Lim	ited Liability Company	
The enci	losed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corres	pondence concerning this matter	to the following:	
		Bruce R. Abernethy	, Jr., Esq.	
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Bruce R. Abernethy	, Jr., P.A.	
			Firm/Company	
		130 S. Indian River	Drive, Suite 201	
			Address	
		Fort Pierce, FL 3499	50	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report	notification)
For furth	ner information	concerning this matter, please c	all:	
Bruce	R. Aberne	thy, Jr.	772 \ 489-49	001
	Name	of Person	at () Area Code Day	rtime Telephone Number
Enclosed	d is a check for	the following amount:		
\$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

lity Company as it now appears on our records.) da Limited Liability Company)	
Company were filed on June 27, 2013	and assigned
nited liability company here:	•
Limited Liability Company," the designation "LLC" or	the althreviation L.L.C."
	59 = 1
DRESS)	TIT Z HOVERN
	6 PM 5: 16 RY OF STATE SSEE.FLORIO
istered office address on our records, <u>er</u> dress here:	nter the name of the new
Enter Florida street address	,
Florid	9
City , FIOTIG.	Zip Code
	inited liability company here: Limited Liability Company," the designation "LLC" or service of the service of

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Tarpon Management	7108 S. Kanner Highway	≌ Add
	Services, LLC, a Florida limited liability company	Stuart, Florida 34997	□ Remove
MGR	Bryan T. Deering	7983 Plantation Lakes Drive	
		Port St Lucie, Florida 34986	Remove
			☐ Remove
			2 4 5
			S JANE 6 CRE TARY
			PM 5: 16 SEE, FLORIDA
	<u></u>		☐ Ado
		·	Add
			□ Remove
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Tective date must be specific, ate this document is filed by the clanuary	cannot be prior to date of receipt or filed date and can	(optional) not be more than 90 days after
ffective date must be specific, ate this document is filed by the January	cannot be prior to date of receipt or filed date and cannot be Florida Department of State)	not be more than 90 days after
ffective date must be specific, ate this document is filed by the	cannot be prior to date of receipt or filed date and cannot be Florida Department of State) 2015 Signature of a member or authorized representation	not be more than 90 days after

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