MAR-31-014 127 SENNAN AND DISCOULLE 330 5 19 6 11 Resida Beparement of State

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Account Number : 120040000104 Phone : (904)366-1500

Fax Number : (904)366-1501

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T. HAMPTON

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Signet UF Housing I, LLC			
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	2014 SEE	
The Articles of Organization for this Limited Liab	ility Company were filed on November 6, 20	013 and assigned	
Florida document number L13000156510		- 20 m	
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company here:	ي بي ال	
Signet Infinity Housing I, LLC		温温 5	
The new name must be distinguishable and and with the wo	rds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic		enter the name of the new	
registered agent and or the new registered and	<u> </u>		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flori	idaZip 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 om 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

Page 1 of 3

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 = Ma AMBR = Au	inager thorized Member		
Title	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□ Ramove
			CJ Add
			CI Remove
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			TO TRIME TO
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D. If amending a	ny other info	rmation, enter ch	ange(s) here: <i>(At</i>	tach additional she	
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the date this docu	must be specific, ment is filed by t		of receipt or filed dan	e and cannot be more fi	(optional) han 50 days after
Dated Marc	h 31		2014		
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Lee S. Walko, Authorized Representative

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SECREDARY OF STAR

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