# 1/40000 39881

Office Use Only



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TALL ATTASSEC, FLORIDA

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 1 MEADOWCREST APARTMEWTS, LCC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ENGLANTINA GEGA Name of Person
Firm/Company
80 BROOKSIDE DR
GREENWICH CT 06831  City/State and Zip Code  Tipondal (2) Volume (2) (2)
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Englantine  Name of Person  at (5/6) 603-8600  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Stat

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

(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 _	3/10/2014 and assigned
Florida document number <u>L14000039881</u>	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	<u>1ere</u> :
The new name must be distinguishable and end with the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2014 Salta
(Principal office address MUST BE A STREET ADDRESS)	
	7 P N
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 o registered agent and/or the new registered office address here:	n our records, enter the name of the new
Nama of Navy Bagistanad Agant.	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flo	orida 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 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	<u>A'ddress</u>	Type of Action
AMBR	ENGLANTINA GEGA	80 BROOKSIDE DR Greenwich (F06831	<b>⊠</b> Add □ Remove
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Filing Fee: \$25.00