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COVER LETTER

TO:

Registration Section Division of Corporations

MANDALAY GARDEN APARTMENTS, LLC

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:

| | Eileen Burn | jas | | |
|----------------------------|---|--|---|-----------|
| | | Name of Person | | |
| | Peace Rive | r Commerce, Ll | _C | |
| | | Firm/Company | | |
| | 240 S. Pine | apple Ave., Suit | ie 704 | . 2 |
| | | Address | | |
| | Sarasota, F | L 34236 | * XX | SECRETARY |
| | | City/State and Zip Code | හි හ | 2 0 |
| | eburnjas@gmail. | .com | ু গুল শুল | 유 (8) |
| | E-mail address: | to be used for future annual report no | tification) | |
| For further information of | concerning this matter, please c | all: | | HAIR C |
| Eileen Burr | njas | _{at} 941 _, 951-2 | 2301 | |
| Name o | of Person | Area Code Dayti | me Telephone Number | |
| Enclosed is a check for t | he following amount: | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy | ☐ \$60.00 Filing Fee, Certificate of Sta | |

(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MANDALAY GARDEN APARTME | | ···· |
|--|---|---------------------------|
| (<u>Name of the Limited Liability</u> (A Florida L | Company as it now appears on our records.) Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Co. | mpany were filed on 6-16-14 | and assigned |
| Florida document number L14000096393 | - | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| DELANEY CREEK GARDEN APARTMENTS, | , LLC | |
| The new name must be distinguishable and end with the words "Limit | ted 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 ADDRE | ESS) | · 55.00 |
| | | 5 |
| | | SSEA 25 |
| Enter new mailing address, if applicable: | | mo I |
| (Mailing address MAY BE A POST OFFICE BOX) | | 55 - |
| | | 5 7 |
| | | |
| B. If amending the registered agent and/or registe | | ter the name of the nev |
| registered agent and/or the new registered office addre | ess here: | |
| | | |
| Name of New Registered Agent: | <u> </u> | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florid | |
| | City | Zin 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 = M $AMBR = A$ | lanager Authorized Member | | |
|--------------------|------------------------------|---------|----------------|
| <u>Tiţle</u> | <u>Name</u> | Address | Type of Action |
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| If amending any other information, enter change(s) here: (Attach additional ADD EIN - 38-3934544 | tional sheets, if necessary.) |
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| Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State) | (optional) ot be more than 90 days after |
| Dated August 21st 2014 | |
| Signature of a member drawathorized representation | |
| Mark S. Card - Member, Suncoast G. | ARDEN Florida, LLc |
| Typed or printed name of signee | 2011 SE SAL |
| | 2014 AUG 25 SECRETARI FALLAHASS |
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Filing Fee: \$25.00