Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: GREENSPOON MARDER, P.A. Account Name

Account Number: 076064003722 Phone

: (888) 491-1120

Fax Number

: (954)343-6962

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BONTERRA MULTIFAMILY MANAGEMENT, LLC

Certificate of Status	0
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Page Count	03
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NOV 1 7 2015

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bonterra Multifamily Management, LLC		
(Name of the Umited Linhillity Compa- (A Florida Limited L	ny as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company	were filed on June 26, 2014	and assigned
Florida document number L14000102799		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabl	lity company here:	
		-10 5
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" or the	abbreviation L.C."
Enter now principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
		一つの
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
		77
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the nume of the pew
Name of New Registered Agent:		
New Registered Office Address:		
	Enier Florida street address	
	Florida	
	City	Zıp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I further a	gree to comply with the

nereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 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>	Name ALTIS At Bonterra-Hialeah, LLC, 5k/n	Address	Type of Action
AMBR	Bonterra Multifamily Holdings, LLC	40) East Las Olas Boulevard	
		Suite 803	☐ Remove
		Fort Lauderdale, FL 33301	☐ Change
			DAdd
		***************************************	□ Remove
			SE N
			PET SELECTION OF THE PET SELEC
			PANOTE STATE Chartest 28
			□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			D Add
			□ Remove
			Change

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

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	IFLORID	
E. Effective date, if other than the date of filing: (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.) Pursuan Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	it to 605,0207 (3)(b)	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the (b). The 90th day after the record is filed.	earlier of:	
Dated November 13, 2015		
State of the state		
Signature of a member or authorized representative of a member		
Seth Wise, Authorized Signatury Typed or printed name of signee		

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Filing Fee: \$25.00