Division o	of Corporations	Page 1 of 1
	5 Florida Depariment of State Division of Corporations Electronic Filling, Cover Sheet	19
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	To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : STEARNS WEAVER NILLER NEISSLER ALHADEFE Account Number : 120060000135 Phone : (305)789-3200 Fax Number : (305)769-4137	
	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: Idubuque@bostoncapital.com LLC AMND/RESTATE/CORRECT OR M/MG RESIGN	- -
2	SJP APARTMENTS MM, LLC	
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SJP Apartments MM, LLC			
(Name of the Limited Liability Company (A'Florida Limited L	ty as it now appeary on out fability Company)	r records.)	
The Articles of Organization for this Limited Liability Company Plorida document number L15000058479	were filed on April 2, 20	015	and assigned
This amendment is submitted to amend the following:			
<ol> <li>If amending name, <u>enter the new name of the limited liabi</u></li> </ol>	lity company bere:		
he new name must be distinguishable and contain the words "Limited Liabil	tu Company " the delimation	an "IT C" à	the chimoviation "I I C "
	iy company, the designation		02
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	1 5
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Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a	iddress og our records	s, <u>enter th</u>	
Mailing address MAY BE A POST OFFICE BOX)	ddress on our records	s, enter the	
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Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:			
Mailing address MAY BE A POST OFFICE BOX: B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records Enter Florida stre		t e. name of the new regis

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.

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If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

į:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR/ MBR	St. John CDP-BC MM, LLC	c/o Boston Capital, 11:Beacon St., Suite 325	ƏAdd
		Boston, MA 02108	Remove
			Change
MBR	St. John Community Development	1324 NW 3rd Avenue	曾Add
		Miami, FL 33136	
			Change
Sr VP	Marc N. Teal	c/o Boston Capital, 11 Beacon SL, Suite 325	■Add
		Boston, MA 02108	Remove
		. <u></u>	Cheage
Exec VP	Jeffrey H. Gokistein	c/o Boston Capital, 11 Beacon St., Suite 325	BAdd
		Boston, MA 02108	CRemove
			Change
			Change
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			Remove
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If amending any other informat	ion, enter change(s) b	ere: (Attach additi	ional sheets, if necessi	אריב)	
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Effective date, if other than the (If an effective date is listed, the date mass <u>Note:</u> If the date inserted in this blo document's effective date on the De	be specific and cannot be p ick does not meet the ap	plicable statutory fili	(option) more than 90 days after fil ng requirements, this d	ng.) Pursuant ta	5 605.0207 (3) ; listed as the
	e date, but not an effectiv	ve time, at 12:01 a.m	. on the earlier of: (b)	The 90th day	after the
ord is filed.					

Filing Fee: \$25.00