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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Registration Division of C	i Section Corporations		
	LAKEWOOD RANCH APART	MENTS LLC	
SUBJECT:		ited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Debbie Boeder		
	-	Name of Person	
		Firm/Company	
	710 N. Plankinton Avenu	ue, Suite 1200	
		Address	
	Milwaukee, WI 53203		
	<del> </del>	City/State and Zip Code	
	debbie.boeder@zilber.co		
	E-mail address: (1	to be used for future annual report notifica	tion)
For further informatio	n concerning this matter, please ca	il:	2016 JAN 2 AELAHASS
James B. Young		414 274-2421	AHAR JAM 2 SERVICE elephone Number 1951
Nan	ne of Person	Area Code Daytime T	
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

TRI OF LAKEWOOD RANCH APAR	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed of Florida document numberL15000065205	on April 14, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)	7AC 20
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	HAS AN 2
Enter new mailing address, if applicable:	SSIX -
Mailing address MAY BE A POST OFFICE BOX)	
	\$ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
B. If amending the registered agent and/or registered office addre registered agent and/or the new registered office address here:	ss on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
	er Florida 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 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	<u>Address</u>	Type of Action
MGR	TOWNE REALTY, INC.	710 N. PLANKINTON AVENUE, STE. 1200	🗆 Add
	_	MILWAUKEE, WI 53203	☐ Remove
		FROM an Authorized Member TO Manager	☐ Change
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Filing Fee: \$25.00