# LECOUPAB9

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100274799391

5 JUL 29 MI ID 18 FORETAN OF STATE VIANNE E PORTO

FILED

RECEIVED

15 JUL 29 PH 2: 29

21 JUL 29 PH 2: 29

JUL 3 0 2015 S. YOUNG CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 726883 7495468

<u>ران</u>

AUTHORIZATION :

COST LIMIT : \$\sqrt{2}5.00

ORDER DATE : July 29, 2015

ORDER TIME : 11:24 AM

ORDER NO. : 726883-015

CUSTOMER NO: 7495468

### DOMESTIC AMENDMENT FILING

NAME: SUTTON PLACE APARTMENTS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

## **COVER LETTER**

TO:	Registration Se Division of Cor		•		
CUD IE	Sutton Plac	e Apartments, LLC			
SUBJEC	-#; <u></u>	Name of Limi	ted Liability Company	<del> </del>	
		Amendment and fee(s) are submodence concerning this matter	-		
		Ann Marie Pozzini			
		<del></del>	Name of Person	, u	
		Arbor Commercial Mortga	ge, LLC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company		
		333 Earle Ovington Blvd.,	Suite 900		
			Address	TO TO	
		Uniondale, NY 11553			٦
			City/State and Zip Code	29	<u>-</u>
		rweiss@elonmgmt.com	to be used for future annual report notific	eation)	- TI -
For furth	ner information of	concerning this matter, please or	•	cation)	
Ann Ma	urie Pozzini		516 506-4420	<u> </u>	
	Name o	of Person	Area Code Daytime	Telephone Number	
Enclose	d is a check for t	he following amount:		15 JUI	D TI
冒 \$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	CHIVED
	R4 4 11	INC ADDRESS.	CTDEET/CONDIE	šn.	

MAILING ADDRESS:

TO:

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

Sutton Place Apartments, LLC		
(Name of the Limited Lini (A Flor	oility Company as it now appears on our recida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	Company were filed on 4/20/15	and assigned
Florida document number L15000069259		
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I		LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
		The second secon
Enter new mailing address, if applicable:		المسيد المستم
(Mailing address MAY BE A POST OFFICE BOX)		AZ O M
·		9
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
<u></u>		, 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>	<u>Name</u>	Address	Type of Action
MGR	Interstate Realty Holdings XIV, LLC	333 Earle Ovington Blvd.	≅ Add
		Suite 900	□ Remove
		Uniondale, NY 11553	☐ Change
MGR	Lexford Pools 1/3 LLC	333 Earle Ovington Blvd.	
		Suite 900	■ Remove
		Uniondale, NY 11553	□ Change
			□ Add
			Remove
	•		N Chánge ∏
			E Add⊅
			□ Remove
			Change
			□ Remove
			☐ Change
			☐ Remove
			☐ Change

D. Li am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary,	<i>)</i>
		<del>,</del>
		<del> </del>
		<u> </u>
		<u> </u>
TO TELESCO	dina di da 18 alban di madia a da a 1880 m	1 29 L 29
(If an c	tive date, if other than the date of filing:	Pursuant to 605,0207 (3)
	nent's effective date on the Department of State's records	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of 90th day after the record is filed.	- 00
Dates	July 27, 2015	
Date	I must be men	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00