

L15000101980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

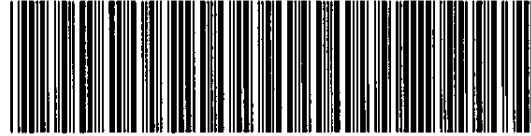
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 28 2015

S. YOUNG

LAW OFFICES OF  
**DUNLAP & MORAN, P.A.**

Post Office Box 3948, Sarasota, Florida 34230-3948  
Telephone 941-366-0115 Facsimile 941-365-4660 www.dunlapmoran.com

July 22, 2015

#15554-1

Department of State  
Division of Corporations  
Registration Section  
Post Office Box 6327  
Tallahassee, FL 32314

Re: **FIFTH STREET LOFTS, L.L.C.**

Dear Sir/Madam:


**Enclosed** herewith for filing are Articles of Amendment to Articles of Organization in connection with the above-referenced limited liability company.

Also, **enclosed** please find a check in the amount of \$250.00, representing payment of your filing fee.

If you have any questions with regard to this letter and/or the enclosure, please do not hesitate to contact me.

Very truly yours,

DUNLAP & MORAN, P.A.

  
Elizabeth J. Barber, Esq.

E/Business Tax Forms/Limited Liability Company/Ltr - Div of Corp - Articles of Amendment  
Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FIFTH STREET LOFTS, 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:

ELIZABETH J. BARBER, ESQ.

Name of Person

DUNLAP & MORAN, P.A.

Firm/Company

22. LINKS AVENUE, SUITE 300

Address

SARASOTA, FL 34236

City/State and Zip Code

EBARBER@DUNLAPMORAN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIZABETH J. BARBER

941 366-0115  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
15 JUL 27 PM 4:45  
OFFICE OF STATE  
REGISTRAR  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FIFTH STREET LOFTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JUNE 11, 2015 and assigned  
Florida document number L15000101980.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

JOHNSON S. SAVARY, JR.

New Registered Office Address:

22 S. LINKS AVENUE, SUITE 300

*Enter Florida street address*

SARASOTA

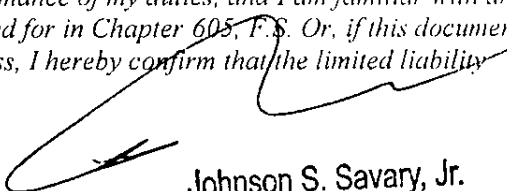
*City*

Florida 34236

*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.*

  
Johnson S. Savary, Jr.

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 STATE OF  
 NEW YORK  
 COUNTY OF  
 SHERMAN

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

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_.

Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED  
15 JUL 27 PM 4:45  
SECRET  
STATE  
CLARK COUNTY, INDIANA