

L15000 108872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

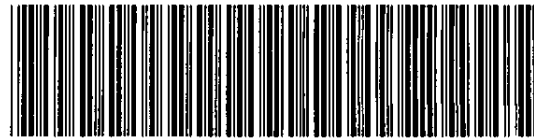
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J SHIVERS

Wolters Kluwer

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

SOLSTICE RESIDENTIAL GROUP SOUTH, LLC

L15000108872

Thank you!

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | |
| Amendment | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| Amendment Filing | | |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
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Name _____
Availability _____
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Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

7/1/2015

ST

Order#:
9609696

Ref#: _____

Amount: \$ _____

Wolters Kluwer

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

SOLSTICE RESIDENTIAL GROUP SOUTH, LLC

L15000108872

_____	_____
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Thank you!

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|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
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Name _____
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 Updater _____
 Verifier _____
 W.P. Verifier _____

7/1/2015

ST

Order#: **9609696**

Ref#: _____

Amount: \$ _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Solstice Residential Group South, 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:

Angela Fletcher

Name of Person

Bridge Service Corp.

Firm/Company

299 Broadway, Suite 1508

Address

New York, NY 10007

City/State and Zip Code

afletch@bridgeservice.com

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

For further information concerning this matter, please call:

Angela Fletcher

Name of Person

212 267-8600
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for 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**

SOLSTICE RESIDENTIAL GROUP SOUTH, 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 06/23/2015 and assigned Florida document number L15000108872.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Solstice Residential South, LLC

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:

New Registered Office Address:

Enter Florida street address

_____, Florida

City

Zip Code

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
5 JUL - 1 AM 11:57
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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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

Multiple horizontal lines for entering changes.

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 June 30 2015

Benjamin London

authorized representative of a member

Benjamin London

Typed or printed name of signee

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA