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SEURETARY OF STATE
TALLAHASSEE, FLORIDA

# **COVER LETTER**

, -	ision of Cor					
SUBJECT:	Basha Apart	ments, LLC				
SOBJECT.		Name of Lim	ited Liability Company			
The enclosed	l Articles of A	amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspor	dence concerning this matter	to the following:			
-		Bart R. Saunders, Esquire				
			Name of Person			
		Law Office of Saunders &	Saunders, P.A.			
			Firm/Company			
		7232 W. Sand Lake Road,	Suite 202			
			Address			
		Orlando, Florida 32819				
			City/State and Zip Code			•
		bart@lawsaunders.com			`~a	
For further in	nformation co	E-mail address: ( ncerning this matter, please ca	to be used for future annual report notificall:	sation)	2015 OCT 22	
Bart R. Saur	nders		321 319-0459 at ()	TARY I ASSEE	22	
Francisco is	Name of	Person e following amount:		Telephone Number STATE	E1 :3 d	Ö
■ \$25.00 F		\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Co	of Status opy	

## 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

Basha Apartments, LLC				
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our re I Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Compan	y were filed on 09/08/2015		and assign	ned
Florida document number L15000153076				
This amendment is submitted to amend the following:				٠
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation	"LLC" or the at	obreviation "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)			Š	
		AHA THE		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our rec ere:	cords <u>enter</u>	the name of	the n
		-11 (Q	ָם ק	
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:		> '	<b></b>	
	Enter Florida street a	address		
		_, Florida	7: 0 1	
	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/AN	Brian Boggan	550 Kensico Court	■ Add
		Suffern, NY 10901	□ Remove
-			☐ Change
MGR	Kevin Boggan	1613 Illinois Street	Add
		Orlando, FL 32803	Remove
		***************************************	Change
			□ Add
			Remove
			Change
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		SECRE
		OCT 22
Effective date, if other than the	date of filing:	
(If an effective date is listed, the date mus  Note: If the date inserted in this bl-	t be specific and cannot be prior to date of filing or	more than 90 days after filing.) Pursuant to 605.0207 (3 ing requirements this date will not be listed as the
document's effective date on the D	epartment of State's records.	Dr. 3
the record specifies a delayed ) The 90th day after the rec		e time, at 12:01 a.m. on the earlier of:
Dated October 20	2015	
	Signature of a member or authorized representati	ve of a member
ſ	Paul DS - Laine -	_
	Bart R. Saunders, Esq. Typed or printed name of signed	<del>f</del>

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Filing Fee: \$25.00