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J. HARRIS

COVER LETTER

TO:	Registration Sec Division of Corp			
cup u	Heninway A	Apartments LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Owen Whyte		
			Name of Person	
			Firm/Company	
		508 Hendricks Isle, #3		
			Address	
		Fort Lauderdale, FL 33301		
			City/State and Zip Code	and the second s
		owen_whyte@yahoo.com	to be used for future annual report no	Procedure)
For fur	ther information co	oncerning this matter, please ca	·	ineacion)
Owen	Whyte		917 971-6050 at ()	
	Name of	'Person	Area Code Daytin	ne Telephone Number
Enclose	ed is a check for th	e following amount:		
\$2:	5.00 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

Heninway Apartments LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our rec nited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Com	pany were filed on 12/15/15	and assigned
Florida document number L15000203733		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
Hemingway Apartments LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "I	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	(
		CO. CO. CO.
	 	2
D. A		35 N
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		5 N (***)
		90 :
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			Change
			Add
		····	□ Remove
			Change
			PER AND PER
			Remove
			Add Part Remove Remove Part Change OR 10 Add Add
			Remove
			Chance.

ffective date, if other than the date of filing: 12/15/15 (optic an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	
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ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this	filing.) Pursuant to 605.0207
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at $12:01\ a$. The 90th day after the record is filed.	.m. on the earlier of
ned <u>Dec</u> 35, 2015.	
Signature of a firember or authorized representative of a member	수가 뜨
Owen Whyte	7.75 P

Page 3 of 3

Filing Fee: \$25.00