

L160000024950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

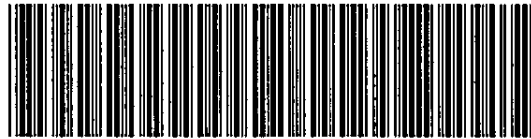
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16 MAY 13 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 17 2016
J. HARRIS



ARONOFF
ROSEN &
HUNT, LPA
Established 1928

Stanley J. Aronoff
Stephen R. Hunt*
Mark W. Reis*
Richard A. Paolo
Tina M. Donnelly**
Kevin L. Swick**
Edward P. Akin*
Edmonde P. DeGregorio*

FOUNDERS:
Irwin I. Aronoff (1905-1987)
Irving H. Rosen* Of Counsel

*Also Admitted in Kentucky
**Also Admitted in Florida

May 12, 2016

Via Federal Express

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Name Change – Carriage Encore Apartments, LLC

Dear Sir or Madam:

Enclosed, please find the Cover Letter and Articles of Amendment to Articles of Organization of Carriage Encore Apartments, LLC, which changes the name of the limited liability company to Carriage Encore II, LLC.

Also enclosed, please find our check no. 3236 in the amount of \$25.00, which represents payment in full of the filing fees for the above referenced Amendment.

Please do not hesitate to contact the undersigned should you have any questions or concerns in this regard. Thank you for your assistance with this matter.

Sincerely,

ARONOFF, ROSEN & HUNT, LPA

Richard A. Paolo, Esq.

/amb
Enclosures

COVER LETTER

**TO: . Registration Section
Division of Corporations**

SUBJECT: Carriage Encore Apartments, 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:

Richard A. Paolo, Esq.

Name of Person

Aronoff, Rosen & Hunt, LPA

Firm/Company

2200 US Bank Tower, 425 Walnut St.

Address

Cincinnati, OH 45202

City/State and Zip Code

rapaolo@arh-law.com

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

For further information concerning this matter, please call:

Richard A. Paolo, Esq.

513 241-0400
at (_____) _____

Name of Person

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**

Carriage Encore Apartments, 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 February 4, 2016 and assigned
Florida document number L 16000024950.

This amendment is submitted to amend the following:

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

Carriage Encore II, 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

City

, Florida

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>	<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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY 13 PM 2:51
FILED

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

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TALLAHASSEE, FLORIDA