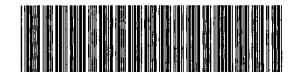
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MAR O 1 20:00 J. HARRIS

COVER LETTER

Division of Corp	orations		
SUBJECT:	eal 4 Tran	1el LLC Cha ted Liability Company	rying Name
The enclosed Articles of A	mendment and fee(s) are sub	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Antoinette	M Gay Nor	····
	A Deal	4 Trane 1 11C	/
	12426 Harn	est Hotoe Ln Apt Address	202, Brandon, PL 33571
	<i>3</i>	Sandon FL 335 City/State and Zip Code	57/
	E-mpdl address: (1	o be used for future annual report notifi	OM
For further information co	ncerning this matter, please ca	ili:	
Antomette Name of	Gaynor Person	at (X13) 455 - (Daytime	S991 Telephone Number
Enclosed is a check for the	e 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:

· * TO:

Registration Section

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

If amending name, enter the new name of the limited liability company here: APTS TOWN L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ter new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable: 203 S. Paron Ave.		
The Articles of Organization for this Limited Liability Common for this Liability Common for the Liability Common for this Liability Common for this Liability Common for the Liability Com	Company were filed on March 11, 20/6	_ and assigned
Γhis amendment is submitted to amend the following:		
Arts 4 NOW LIC	· · · · · · · · · · · · · · · · · · ·	viation "L.L.C."
Enter new principal offices address, if applicable: <i>Principal office address MUST BE A STREET ADDI</i>	RESSI Brandon, FL 33	ve , Sil
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	203 S. Parson F Brandon, FL 3	tve. 33511
		e name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		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 Registers

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 = Ma AMBR = Au	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			☐ Remove
			☐ Change
			Add
			☐ Remove
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