

L16000051984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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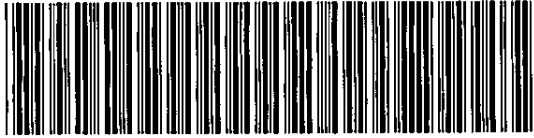
(Business Entity Name)

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**BARITZ & COLMAN LLP**

Attorneys at Law

OFFICES IN FLORIDA & NEW YORK

1075 Broken Sound Parkway, NW

Suite 102

Boca Raton, Florida 33487

561.864.5100

Facsimile: 561.864.5101

March 23, 2016

**VIA Federal Express Overnight Mail**

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

RE: Atlantic Multi Family 11 Cadence-Crossing LLC  
L16000051984

Greetings:

Enclosed please find our check issued to Florida Secretary of State in the amount of \$25.00; together with Articles of Amendment to the Articles of Organization for Atlantic Multi Family 11 Cadence-Crossing, LLC.

The correct spelling of the entity is **Atlantic Multi Family 11 - Cadence Crossing, LLC**. This is a second amendment.

If there is any problem with the filing please contact me, immediately. Please return the filed copy in the prepaid federal expressed envelope. Our client urgently needs this corrected for a loan that they are obtaining. Thank you for your assistance.

Very truly yours,

BARITZ & COLMAN LLP

  
Michelle Izzo, Paralegal

Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Atlantic Multi Family 11 Cadence-Crossing, 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:

Michelle Izzo

Name of Person

Baritz & Colman LLP

Firm/Company

1075 Broken Sound Parkway NW Suite 102

Address

Boca Raton Florida 33487

City/State and Zip Code

mizzo@baritzcolman.com

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

For further information concerning this matter, please call:

Michelle Izzo

561 864-5100  
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**

Atlantic Multi Family 11 Cadence-Crossing, 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 March 14, 2016 and assigned  
Florida document number L16000051984.

This amendment is submitted to amend the following:

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

Atlantic Multi Family 11 - Cadence Crossing, 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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*

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

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STATE OF FLORIDA

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

Multiple horizontal lines for amending information.

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MAHESH DESAI

FILED

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 March 23 2016



Signature of a member or authorized representative of a member

Mahesh P. Desai, Mgr

Typed or printed name of signee