

L16000051984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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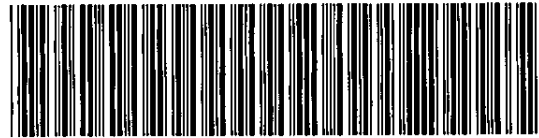
(Business Entity Name)

(Document Number)

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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

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

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MAHESH DESAI

E. Effective date, if other than the date of filing: _____ (optional)

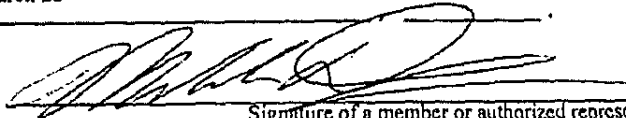
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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