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# BARITZ & COLMAN LLP

Attorneys at Law

1075 Broken Sound Parkway, NW Suite 102 Boca Raton, Florida 33487 561.864.5100 Facsimile: 561.864.5101 Offices in Florida & New York

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 he 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, Par

**Enclosures** 

## **COVER LETTER**

10:		istration Sect ision of Corpo				
RIIS	JECT:	Atlantic Mult	i Family 11 Cadence-Crossin	g, LLC		
301	ober.		Name of Limi	ted Liability Company		
•			mendment and fee(s) are subr			
	se return	an correspond	Michelle Izzo	o die tonowing.		
				Name of Person		_
			Baritz & Colman LLP	•		
				Firm/Company		<b></b>
	1075 Broken Sound Parkway NW Suite 102					
				Address		_
			Boca Raton Florida 33487			•
				City/State and Zip Code		
			mizzo@baritzcolman.com  E-mail address: (to	o be used for future annual re	eport notification)	-
For 1	further in	formation cor	cerning this matter, please ca	11:		
Mic	helle Izz	0		561 864	-5100	
		Name of I	Person	Area Code	Daytime Telephone Numb	er
Encl	losed is a	check for the	following amount:			
	\$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific osed) Certific	Filing Fee, cate of Status & ed Copy hal 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 Cade				
( <u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)		<del>_</del>	
The Articles of Organization for this Limited Liability Florida document number <u>L16000051984</u>	y Company were filed on March 14, 2016	an	ıd assigi	ned
This amendment is submitted to amend the following	;;			
A. If amending name, enter the new name of the li	imited liability company here:			
Atlantic Multi Family 11 - Cadence Crossing, LLC				
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC" or the al	obreviation	on "L.L.C	2."
Enter new principal offices address, if applicable:	_			
(Principal office address MUST BE A STREET AD	(DRESS)			
1 Procepti Office address MOST BETTSTREET TIE	DRESS)			
		:		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			R	
		(3) 1 (3), 1	+	res de c
		(T) 47	P	1 3
B. If amending the registered agent and/or re		the 'n	ame_of	the nev
registered agent and/or the new registered office a	ddress here:		ည်	•
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	Enter r tortuu street adaress			
	, Florida	7	Code	
	( ID)	/313 /	OOP	

#### 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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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If the date inserted in this tent's effective date on the l	e date of filing:  Inst be specific and cannot be prior to day block does not meet the applicable of the prior to day Department of State's records.  In the defective date, but not an cord is filed.	statutory filing requiremen	its, this date will not t	<b>E</b> 1150
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