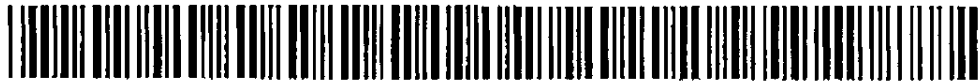


Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000092165 3)))



H160000921653ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SALVATORI, WOOD, BUCKEL, CARMICHAEL & LOTTES
Account Number : I20030000112
Phone : (239)552-4100
Fax Number : (239)649-0158

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: LJS@SWBEL.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PERENNIAL APARTMENTS ST. PETERSBURG LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED
2016 APR 13 PM 3:16
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED
2016 APR 13 A 9:05
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

(((H16000092165 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Perennial Apartments St. Petersburg 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 15, 2016 and assigned
Florida document number L16000053320.

This amendment is submitted to amend the following:

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

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

_____, 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

FILED
2016 APR 13 A 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H16000092165 3)))

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>
MGR	Perennial Apartments Manager LLC	390 Park Avenue, 15th Floor	<input type="checkbox"/> Add
		New York, NY 10022	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Perennial Apartments Parent LLC	390 Park Avenue, 15th Floor	<input checked="" type="checkbox"/> Add
		New York, NY 10022	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2016 APR 13 A 4:05
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

(((H16000092165 3)))

P. 004/004

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

FILED
2016 APR 13 A 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00
(((H16000092165 3)))