

L16000124940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

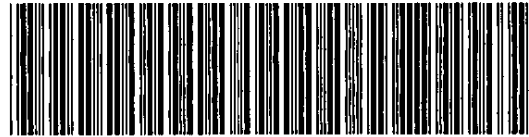
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. YOUNG

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN 23 PM 3: 54

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pine Rush Apartments, 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:

John C. Bovay

Name of Person

Salter Feiber, P.A.

Firm/Company

3940 N.W. 16th Blvd, Bldg. B

Address

Gainesville, FL 32605

City/State and Zip Code

kdudley@gremco.com

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

For further information concerning this matter, please call:

John C. Bovay

352 376-8201

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

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SECRETARION OF STATE
TALLAHASSEE, FLORIDA

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

Pine Rush Apartments, 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 6/29/2016 and assigned Florida document number L16000124940.

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)

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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>
AMBR	Gainesville Real Estate Managemer	4127 N.W. 27th Lane, Suite C	<input type="checkbox"/> Add
		Gainesville, Florida 32606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dennis R. O'Neil	4127 N.W. 27th Lane, Suite C	<input type="checkbox"/> Add
		Gainesville, Florida 32606	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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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TALLAHASSEE, FLORIDA

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 21, 2017.



Signature of a member or authorized representative of a member

Typed or printed name of signee

Salter • Feiber

ATTORNEYS AT LAW

3940 NW 16th Boulevard, Bldg. B
Gainesville, Florida 32605

P.O. Box 357399
Gainesville, Florida 32635

T: 352.376.8201 F: 352.376.7996
www.salterlaw.net

STAR M. SANSONE
LL.M. in Taxation
stars@salterlaw.net

March 21, 2017

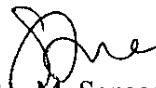
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Articles of Amendment to the Articles of Organization of Pine Rush Apartment
LLC

Dear Sir or Madam:

Enclosed please find the Articles of Amendment to the Articles of Organization of the
above mentioned entity, along with our firm check in the amount of \$25.00 for the filing fee.
Once filed, please forward the documents to our office.

Sincerely,



Star M. Sansone

SMS:mh

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TALLAHASSEE, FLORIDA
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