## L16000124940

(Re	equestor's Name)
(Ac	ddress)
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(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Ві	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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3940 NW 16th Boulevard, Bldg. B Gainesville, Florida 32605

T: 352.376.8201 F: 352.376.7996 www.salterlaw.net

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

April 28, 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 Apartments, 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 fees. Once filed, please forward the documents to our office.

Sincerely,

Star M. Sansone

SMS:mh

## 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 12/31/1992 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: Addison Lane, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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>	Address	Type of Action
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locur	If the date inserted in this block does not meet the applicable statutory filing requirements, this danent's effective date on the Department of State's records.	te will not	be liste	d as
e re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m	. on the	earlie	r of
	90th day after the record is filed.			
	A			
ated	April 27, 2017			
	$i/_{2}$ $i/_{2}$ $i/_{2}$			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00