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| (Re | questor's Name) | - |
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| (Ad | dress) | |
| (Ad | idress) | |
| (Cit | ty/State/Zip/Phone | |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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C. GOLDEN Jan 1 6 2020

COVER LETTER

| | Registration So Division of Co | | , | |
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| elib icz | | Apartments, LLC | | |
| SUBJEC | .1: | Name of Lim | ited Liability Company | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | emitted for filing. | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | |
| | | Star M. Sansone | | |
| | | | Name of Person | |
| | | Salter Feiber, P.A. | | |
| | | | Firm/Company | |
| | | 3940 N.W. 16th Blvd., Blo | lg. B | |
| | | | Address | |
| | | Gainesville, FL 32605 | | |
| | | | City/State and Zip Code | |
| | | dennis@checkerhoardviney | | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For furth | er information c | oncerning this matter, please co | all: | |
| Star M. S | Sansone | | 352 376-8201 | |
| | Name o | f Person | Area Code Daytime | : Telephone Number |
| Enclosed | is a check for the | ne following amount: | | |
| \$25.0 | 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) |

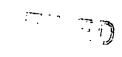
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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**



Sundowne Apartments, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| 3940 N.W. 16th Blvd., I Gainesville City | Enter Florida street address , Flor | ida 32605 Zip Code |
|--|--|--|
| 3940 N.W. 16th Blvd., I | _ | |
| 3940 N.W. 16th Blvd., I | _ | |
| | | |
| James D. Salter | <u></u> | |
| | dress on our records, | enter the name of the r |
| | | |
| <u>BOX)</u> | | |
| | | |
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| :T ADDRESS) | | |
| | | |
| | any, the designation thise of | or the appreciation (i.e., c., |
| vards "Limited Liability Comp | any " the designation "LLC" | or the abbreviation "L.L.C." |
| f the limited liability con | npany here: | |
| owing: | | |
| · | | |
| lability Company were fil | ed on | and assigned |
| | owing: of the limited liability composed "Limited Liability Composed between the limited Liability Composed by the limited Liability Composed | words "Limited Liability Company," the designation "LLC" of the limited Liability Company," the designation "LLC" of the limited Liability Company, the liabil |

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 |
|---------------|-------------|---------|----------------|
| | | | □ Add |
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| 12 - 12 0 0- | |
| (If an e <u>Note</u> | ctive date, if other than the date of filing: |
| | |
| if the r (b) Th | record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the 90th day after the record is filed. |
| Date | d 12/05/2019. |
| | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00