

L16000125252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

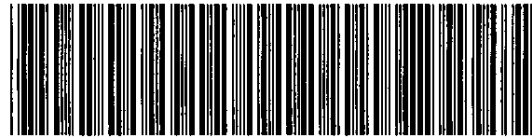
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

MAR 23 2017

# 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

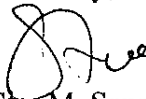
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Articles of Amendment to the Articles of Organization of Sunrise Apartments of  
Gainesville, 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

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Sunrise Apartments of Gainesville, 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:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
JUN 22 2011  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA  
TALLAHASSEE  
NEW Registered Agent  
the limited liability

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
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 TALLAHASSEE, FLORIDA

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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.

Dated March 21, 2017

Signature of a member or authorized representative of a member

**Page 3 of 3**  
**Filing Fee: \$25.00**

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TALLAHASSEE, FLORIDA