## L16000142307

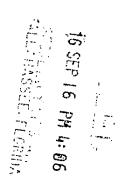
(Requ	uestor's Name)	
(Addi	ress) -	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER** .

TO:	Registration Sec Division of Corp		**		
·*	TYLER ST	REET APTS LLC			
SUBJE	CT:	Name of Limit	ted Liability Company		
The en	closed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please	return all correspon	ndence concerning this matter t	o the following:		
		STELLA SHPOLYANSKY	,		
			Name of Person		•
			Firm-Company		
		1025 EAST HALLANDAL	E BEACH BLVD. # 14		
			Address		
		HALLANDALE, FL 33009			
		Firm Company  1025 EAST HALLANDALE BEACH BLVD. # 14  Address  HALLANDALE, FL 33009  City/State and Zip Code  STELLA.SHPOL@GMAIL.COM  E-mail address: (to be used for future annual report notification)  mation concerning this matter, please call:			
				and the state of t	
				ort notification)	
For fur	ther information co	oncerning this matter, please ca	U:		
STELL	LA SHPOLYANSI	KY	31 f		
	Name of	Person	Area Code I	Daytime Telephone Number	r
Enclose	ed is a check for th	e following amount:			
□- \$2:	5.00 Filing Fee	- □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclose	d) Certified	ite of Status &

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clitton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TYLER STREET APTS LLC		
(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
	Liability Company were filed on 07-29-16	and assig	med
Florida document number 116000142307			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited liability company here:		
N A			
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.	C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE		·	
The pur office univess MOST DE MISTRE		24 co. 124	, J
		\$ 00	
Enter new mailing address, if applicable:		<del>- 6 - 6 -</del>	
(Mailing address MAY BE A POST OFFICE	S BOX)	<u></u>	- <del></del>
			re-spenjage A
			***
B. If amending the registered agent and	d/or registered office address on our records, ent	er the name o	f the new
registered agent and/or the new registered (	office address here:		
Name of New Registered Agent:	N'A		
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	Cine	Zin 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>	Name	Address	Type of Action
MGR	STELLA SHPOLYANSKY	1025 E HALLANDALE BCH BLV	
		STE = 14	■ Remove
		HALLANDALE BCH, FL 33009	
MGR	DANIELLE D BEARMAN	1025 E HALLANDALE BCH BLV	
		STE # 14	☐ Remove
		HALLANDALE BCH, FL 33009	Change
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Filing Fee: \$25.00