## 1600193942

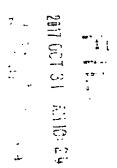
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800305117888

10/31/17--01014--017 \*\*25.00



NOV O? 2MM ARRIS

## COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ		APARTMENTS, LLC		
3000	ECT	Name of Lin	nited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please	return all correspo	ondence concerning this matter	to the following:	
		DAVID K. FOWLER, ES	Q.	
			Name of Person	
		HENDERSON FRANKLI	IN STARNES & HOLT	
			Firm/Company	<del></del>
		1648 PERIWINKLE WA	Y, SUITE B	
			Address	
		SANIBEL, FL 33957		
		david.fowler@henlaw.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report noti	fication)
For fu	rther information c	oncerning this matter, please c	all:	
David	l Fowler		239 344-1360 at ( )	
	Name o	f Person	at ()	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>■</b> \$2	5.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIX MILE APARTMENTS, LLC		
( <u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our record da Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability	Company were filed on 10/20/2016	and assigned
Florida document number L16000193942		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	——————————————————————————————————————
		1 2 1
Enter new mailing address, if applicable:		<u>ā</u>
Mailing address MAY BE A POST OFFICE BOX)		- E.
3. If amending the registered agent and/or registered agent and/or the new registered office ad-		is, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addre:	ss
		lorida
	Ciņ	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GOLDEN, MIRIAM	135 S. LaSalle Street, Suite 1940	□ Adđ
		Chicago, IL 60603	■ Remove
			Change
MGR	James F. Knott Development Corporation	One Texas Station Court, Suite 200	<b>∃</b> Add
		Timonium, MD 21093	Remove
			☐ Change
			D Add
			Remove
		·	☐ Change
			Add
			□ Remove
			G:Change
			- □Add
			Remove
			Change
			Add
			Remove
			☐ Change

	,				
				· · ·	<del></del>
<del></del>					
		<del>-</del>	· · · · · · · · · · · · · · · · · · ·		
-					
		·····			
					_
			<del></del> .		
***		<del>.</del>			
ective date, if other than the date of effective date is listed, the date must be speci	filing:		(opt	ional)	
e: If the date inserted in this block does	s not meet the applica	o date of filing or mo ble statutory filing	re than 90 days afte requirements, th	er filing.) Pui is date will	suant to 605. not be liste
ument's effective date on the Departmen	nt of State's records.				
record specifies a delayed effect	rive date but not	an effective ti	me at 12·01	am on	the earlic
he 90th day after the record is f		S.I CITCCHIVE (I	, GC 12.01	G.III. UII	and confid
October 30	2017				
October 30 ed		_·		*	2917
					7 (i)
Signature	e of a member or author	rized representative	of a member		- <u>ئــــــــــــــــــــــــــــــــــــ</u>

Page 3 of 3

Filing Fee: \$25.00