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(City/State/Zip/Phone #)

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S. YOUNG

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TALLAHASSEE, FLORIDA  
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SOUTH BANK APTS 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:

MANUEL J. VADILLO, ESQ.

Name of Person

SANCHEZ VADILLO LLP

Firm/Company

11402 NW 41ST STREET, SUITE 202

Address

MIAMI, FL 33178

City/State and Zip Code

MJVADILLO@TORRESVADILLOLLP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANNY VADILLO

305 485-9700  
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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA  
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SOUTH BANK APTS 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 OCTOBER 31ST, 2016 and assigned  
Florida document number L16000200040.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

2455 SW 27th Avenue

Suite 220

Miami, FL 33145

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2455 SW 27th Avenue

Suite 220

Miami, FL 33145

STATE OF FLORIDA  
TALLAHASSEE  
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**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:

Manuel J. Vadillo, Esq

New Registered Office Address:

1200 Brickell Avenue, Suite 1480

*Enter Florida street address*

Miami

Florida 33131

*City*

*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, 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>
MGR	Arthur D. Porosoff	2455 SW 27th Avenue	<input checked="" type="checkbox"/> Add
		Suite 202	<input type="checkbox"/> Remove
		Miami, FL 33145	<input type="checkbox"/> Change
MGR	Yanofsky Holdings, LLC	22124 Martella Avenue	<input type="checkbox"/> Add
		Boca Raton, FL 33433	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
FALL ARMSBEE, HARRISON  
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 11/30, 2016

X

Signature of a member or authorized representative of a member

Lisa Yanofsky Zambrana  
Typed or printed name of signer

Typed or printed name of signee