L16000210998

(Requestor's Name)
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то:	Registration Se Division of Cor			
CHDH		Point Real Estate Partners, LL	С	
SUBJI	ECT:	Name of Limi	ted Liability Company	
The en	elosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Bill McIntyre		
			Name of Person	
		William C. McIntyre, P.A.		
			Firm/Company	
		4207 SW High Meadow A	ve.	
			Address	
		Palm City, FL 34990		
		•	City/State and Zip Code	
		bmcintyre@wcmpa.com		
			to be used for future annual report notifi	(cation)
For fu	rther information o	concerning this matter, please ca	ill:	
Bill M	1 cIntyre		772 288-3000 at ()	
	Name o	of Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for t	he following amount:		
= \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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**

Lightnouse Point Real Estate Partne	•
(Name of the Limit	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lie Florida document number L16000210998	ability Company were filed on November 17, 2016 and assigned
This amendment is submitted to amend the follo	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the we	ords "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREE)	(ADDRESS)
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE I</u>	<u>30X)</u>
B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered office address on our records, <u>enter the name of the</u> ice address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing R	egistered 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Tall Tree Apartments, L.L.C. a New New Jusey linited	374 Marc Drive, Toms River, NJ 08753	Add
	liability company		Remove
			Change
AMBR	Laurel Manor Apartments, LLC,	374 Marc Drive, Toms River, NJ 68753	□ Add
	New Jusay limited		Remove
	, , ,		Change
			🗆 Add
			Remove
			Change
			□ Add
			Remove
			Change
			☐ Remove
			☐ Change
			Add
			□ Remove
			5 0

company, to Tall Tree Apartm	nents, L.L.C., a New Jersey limited liability company, as the sole AMBR.				
Address the same. No other changes. Thanks.					
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rective date, if other than the on effective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, bek does not meet the applicable statutory filing requirements, this date will not be listed				
record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on the earlied ord is filed.				
November 9	2017				
icu					

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Filing Fee: \$25.00