L17000006960

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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7 APR 20 PM 12: 16
SECRETARY OF STATE
AND ANASSEE FLORIDA

D. SCOTT APR 21 2017

COVER LETTER

Division of Corporations
SUBJECT: Sonnenluger Apartments 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:
Donald G. Bok Name of Person
Sonnenluger Apartments Firm/Company
2151 Pope Avenue Address
South DaytonA FL 32119-2600 City/State and Zip Code
Hermail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Donald G. Bok at (386) 451-4334 Name of Person Area Code Daytime Telephone Number 20 20 20 20 20 20 20 2
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, □ \$60.0

MAILING ADDRESS:

TO:

Registration Section

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

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Name of the Limited Dabi	er Apartments LLC lity Company as it now appears on our records.)
(A Plone	da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on January 11, 2017 and assigned
Florida document number <u>L1700006960</u>	<u>. </u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	mited 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 ADD	PRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
Muning dadress MAT BE A FOST OFFICE BOX	
	三
B. If amending the registered agent and/or regi	istered office address on our records, enter the name of the new
registered agent and/or the new registered office ad-	dress here:
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Jan o
Nogistaled Office Address.	Enter Florida street address
	, Florida
·	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>	Type of Action
<u>AMBR</u>	Norma C. Bok		□ Add
·			h Daytonn
		2151 Pope Ave FL 3	2119 X Remove
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lf ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
f an e Note	ctive date, if other than the date of filing:
	TS T
e r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.mon the earlier se 90th day after the record is filed.
ate	
	Donald II. Bok Signature of a member or authorized representative of a member Donald 6. Bok Typed or printed name of signee
	Signature of a member of authorized representative of a member
	DONALD 6. DOK Typed or printed name of signee

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Filing Fee: \$25.00