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2017 APR 21 PM 2: 04 SECRETARY OF STATE

K. SALY APR 2 4 2017

COVER LETTER

Division of C			
	Associates 105 LLC		
3003EC1	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Ruth McDonald		
	- And -P	Name of Person	
	Hathaway & Reynolds, PI	LLC	
		Firm/Company	
	50 A1A North, Suite 108		
		Address	
	Ponte Vedra Beach, FL 32	082	
	itsallgood1259@aol.com	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Ruth McDonald		at () 280-5575 Area Code Daytimo	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 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

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SECRETARY OF STATE

21 Arbor Associates 105, 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 02/16/2017 Florida document number L17000037711 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 "LLC." 918 Juniper Way Enter new principal offices address, if applicable: Mahwah, NJ 07430 (Principal office address MUST BE A STREET ADDRESS) 918 Juniper Way Enter new mailing address, if applicable: Mahwah, NJ 07430 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City

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 FILED 2017 APR 21 PM 2: 04 or removed from our records: MGR = Manager AMBR = Authorized Member Address Type of Action <u>Title</u> Name □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add □ Remove _□ Change □ Add _□ Remove ☐ Change _□ Add ☐ Remove _ Change _□ Add □ Remove _____ Change

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ffecti	ve date, if other than the date of filing: (optional)
'an effi Note:	ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The	90th day after the record is filed.
ated	april 18 , 2017.
	199175711000
	Signature of a member or authorized representative of a member
	organistic of a member of auditorized representative of a member
	Ruth K. McDonald, Authorized Representative of Member
	Typed or printed name of signee

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Filing Fee: \$25.00