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(Requ	uestor's Name)	
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(City/	State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	10000000
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~	Office Use On	ly



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September 27, 2018

RADWAN NASSRI 601 N ASHLEY DR SUITE 900 TAMPA, FL 33602

SUBJECT: PARK ABERDEEN APARTMENTS, LLC

Ref. Number: L17000070986

We have received your document for PARK ABERDEEN APARTMENTS, LLC -1 and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 718A00020226

COVER LETTER

O: Registration Section Division of Corporations	~1		
JBJECT: Park Hoeveleen Hoart Ments LUC Name of Limited Liability Company			
te enclosed Articles of Amendment and fee(s) are submitted for filing.			
ease return all correspondence concerning this matter to the following:			
Rayway Nusser		्रिक स्ट .)	·]
Park Aberdeen Apartments	<u>.</u>	V 51 130	
601 N Ashley Dr. Suite 900	 3-	,,,,, ,,,, ,,,,,,,,,,,,,,,,,,,,,,,	Ð
Tampa Fl 33602 City/State and Zip Code	-		
E-mail address: (to be used for ruture annual report notification)			
or further information concerning this matter, please call:			
Stephanie brief 31813, 222.3400			
Name of Person Area Code Daytime Telephone Number			
aclosed is a check for the following amount:			
(additional copy is enclosed) Certified	ne of Stat	us &	
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			
Sent Previously			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limiter	Hordeen Apar 1 Liability Company as it now appears A Florida Limited Liability Company)	tments UC	<u> </u>
ne Articles of Organization for this Limited Lia orida document number <u>LIT 0500</u> F			and assigned
nis amendment is submitted to amend the follow			
If amending name, enter the new name of t	the limited liability company her	re:	/3
e new name must be distinguishable and contain the wo	rds "Limited Liability Company," the de	signation "LLC" or the abl	breviation "E.L.C."
nter new principal offices address, if applica	ble:		<u> </u>
rincipal office address MUST BE A STREET	ADDRESS)		->:=
			<u>. च</u> . छ।
nter new mailing address, if applicable:			
lailing address MAY BE A POST OFFICE B	<u>ON)</u>		
If amending the registered agent and/o gistered agent and/or the new registered offi		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	601 N. Ashley 1	N- SVI C 900 da street address)
	Tampa	, Florida	33602 Zip Code

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ring filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability impany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager

i <u>tle</u>	Name	Address	Type of Action
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			Remove
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effective date is listed, the date must be spece: If the date inserted in this block doe	rific and cannot be	prior to date of			
ument's effective date on the Departmo	nt of State's rec	ords.			
record specifies a delayed effec	tive date, bu	t not an eff	ective time, at	12:01 a.m. d	n the earlier
he 90th day after the record is					
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ed October U	<u> </u>	<u> </u>			

Page 3 of 3

Filing Fee: \$25.00