## 117000108985

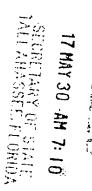
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## **COVER LETTER**

Divi	ision of Corp	orations			
CHDIECT.	TTH25 CH	Multifamily, LLC			
SUBJECT: Name of Limited Liability Company					
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Judith Kenney			
			Name of Person		
		Judith Kenney & Associate	es, P.A.		
	Firm/Company				
	2001 Biscayne Boulevard, Suite 2209				
			Address		
		Miami, FL 33137			
	City/State and Zip Code				
	jkenney@jkpalaw.com				
		E-mail address: (	to be used for future annual report notific	ation)	
For further in	iformation co	ncerning this matter, please ca	all:		
Judith Kenne	ey		305 572-1020 at ( )		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for the	e following amount:			
■ \$25.00 F	iling 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:

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

TTH25 CH Multifamily, 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 May 16, 2017 and assigned Florida document number \_L17000108985 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." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 Florida 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>	Address	Type of Action
MGR	Luis Percovich	1111 Brickell Avenue	
		Suite 1300	_□ Remove
		Miami, FL 33131	Change
MGR	Marcela Sevilla-Sacasa	1111 Brickell Avenue	
		Suite 1300	-
		Miami, FL 33131	
MGR	Ivan X. Gallegos	1111 Brickell Avenue	
		Suite 1300	□ Remove
		Miami, FL 33131	
			Add
			☐ Remove
			Change
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Effective date, if other that the effective date is listed, the Note: If the date inserted document's effective date	e date must be specif in this block does	fic and cannot be pronot meet the app	olicable statutor	ng or more than 90 y filing requiren	(optional) days after filing.) Purents, this date will	rsuant to ( . not be l	605,0207 isted as
ne record specifies a The 90th day after			not an effec	tive time, at	12:01 a.m. on	the ear	rlier of
Dated May 25		2017	·				
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Typed or printed name of signee

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