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J. HARRIE

COVER LETTER

		ration Sector on of Corp				
SUBJECT			rtments at Huntsville, LLC			
SOBJECT	·· _		Name of Lim	ited Liability Company		
The enclos	sed A	rticles of A	mendment and fee(s) are sub	mitted for filing.		
Please retu	ırn al	l correspon	dence concerning this matter	to the following:		
			Stuart A. Heaton			
				Name of Person		
			Elevation Financial Group	. LLC		
				Firm/Company		·
			507 N. New York Avenue.	, Suite 300		
				Address		
			Winter Park, FL 32789			
				City/State and Zip Code		•
			sheaton@elevationfinancial			
				to be used for future annual re	eport notification)	
For further	info	rmation con	cerning this matter, please ca	all:		
Stuart A. I	leate			407 215	-1353	
		Name of P	Person	at () Area Code	Daytime Telephone	Number
Enclosed is	s a ch	eck for the	following amount:			
玄 \$ 25.0 0	Filin	ıg Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) C	0.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)

TO:

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

Serenity Apartments at Huntsville, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our record ited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on June 6, 2017	and assigned
Florida document number L17000123975		
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 I	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 ADDRESS	<u> </u>	
		AUG AUG
Enter new mailing address, if applicable:		- T
Mailing address MAY BE A POST OFFICE BOX)		_ ⊒€ + >. ω
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records here:	, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	····	
	Enter Florida street address	
	, Flo	orida
	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
MGR	Stuart A. Heaton	507 N. New York Ave., Ste. 300	
		Winter Park, FL 32789	Remove
MGR	Michael H. King	507 N. New York Ave., Ste. 300	
		Winter Park, FL 32789	Remove
			Change
			□ Remove
			Change
			
			□ Remove
			→ □ Change
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			Remove

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(If an effection Note: If the document	date, if other than we date is listed, the date the date inserted in the 's effective date on the	te must be specific ar his block does not the Department of	nd cannot be prior to a meet the applicabl State's records.	date of filing or more e statutory filing r	equirements, this da	ng.) Pursuant te will not b	e listed as t
the record) The 90	d specifies a dela Oth day after the	ayed effective record is filed	date, but not a I.	n effective tim	e, at 12:01 a.m	i. on the (earlier of:
Dated Au	igust 3		2017	K			2017 AUG
		Signature of a	a member or authoriz	d representative of	a member	SSE	<u>+</u>
	T. Chris King	,					

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Filing Fee: \$25.00