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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WOODLAND GROVE APARTMENTS LLC Art of Inc. File LTD Partnership File Foreign Corp. File LC. File Fictitions Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution/Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitions Name Certificate of Fictitions Name Fictitions Search Fictitions Search Fictitions Owner Search Pictitions Owner Search Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search Will Pick Up Walk-In Will Pick Up Walk-In Will Pick Up Courier Co						
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Merger File ✓ Art. of Amend. File — RA Resignation — Dissolution / Withdrawal — Annual Report / Reinstatement — Cert. Copy ✓ Photo Copy — Certificate of Good Standing — Certificate of Status — Certificate of Fictitious Name — Corp Record Search — Officer Search — Fictitious Search — Fictitious Owner Search — Vehicle Search — Driving Record Requested by: BA 10/11/17 Name Date Time WCC 1 or 3 File — UCC 11 Search — UCC 11 Search — UCC 11 Search — UCC 11 Search — UCC 11 Retrieval					Fictitious Name File	—
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	Walk-In	Will Pick Up			Courier	

COVER LETTER

TO: Registration Division of C			
	nd Grove Apartments LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
	Lewis Swezy		
		Name of Person	
	Woodland Grove Apartm	ents LLC	
		Firm/Company	
	7735 NW 146 Street, Suit	e 306	
		Address	
	Miami Lakes, Fl 33016		
		City/State and Zip Code	
	Iswezy@centennialmgt.cor	n to be used for future annual report noti	fication)
For further information	concerning this matter, please c	•	,
Paul Bilton		786 399-4210	·
Name	of Person	at () Area Code Daytim	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

Woodland Grove Apartments LLC		
(<u>Name of the Limited Liability Comn</u> (A Florida Limited	inv as it now annears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/02/2017	and assigned
Florida document number L17000202996		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		- 8
		- 3 -
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		Ó
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	- 1949
	, Florid	a

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
AMBR	wed DLAND GROVE	7735 NW 146 Street, Ste 306	= Add
	APARTMENTS OF LLC		Remove
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Effective date, if other than the date in the date is listed, the date must on the list of the date inserted in this blood document's effective date on the Dep	be specific and cannot be prior to ok does not meet the applicab	date of filing or more the	ıan 90 days after filing.) Pu	 Irsuant to 605.0207 (3)(b) Il not be listed as the
ne record specifies a delayed The 90th day after the reco	effective date, but not dis filed.	an effective time,	, at 12:01 a.m. on	the earlier of:
	1017	. 1		7
Dated October 11	,		11/4)
Dated	gnature of a member or authoriz	zed representative of a n	nember	

Page 3 of 3

Filing Fee: \$25.00