## Leccolo2651

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	ry/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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	Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 27, 2018

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

SUBJECT: OAK GROVE APARTMENTS LLC

Ref. Number: L18000002857

We have received your document for OAK GROVE APARTMENTS LLC 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: 018A00020227

## **COVER LETTER**

O: Registration Section Division of Corporations
DBJECT: Oak Grove Anytment, UC  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:
Name of Person
Mame of Person  Firm Company  Stinte 977
Address >
Tampa, Fl 3360)
Tampa, FL 33607 2 City/State and Zip Code  City/State and Zip Code  Cudy of Homan and Mark Com  E-mail address: (to be used for future annual report/notification)
or further information concerning this matter, please call:
Stephanic Byof at (\$13), 2223477 Name of Person Area Code Daytime Telephone Number
sclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Gertificate of Status} \Bigcup \text{\$55.00 Filing Fee & Gertified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  CO PRINTED TOUS CONTROL OF CORPORATION CONTROL OF CONTROL
/

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OK GWY C	A Florida Limited Lia	Men S, LLC as it now appears on our ability Company)	r records.)	<b>**</b>	
ne Articles of Organization for this Limited Lia orida document number <u>LISDOVQ</u> ?	ability Company w	rere filed on DIC	3/2018	and assig	Rucq
nis amendment is submitted to amend the follo	wing:				
If amending name, enter the new name of	the limited liabili	ty company here:			
e new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the designation	on "LLC" or the abb	previation "L.L	C."
iter new principal offices address, if applica	ible:				
rincipal office address MUST BE A STREE	T ADDRESS)			3	
					· <del>-</del>
nter new mailing address, if applicable:		······································		;> <del>;;</del>	
lailing address MAY BE A POST OFFICE I	<u>30X)</u>			 	
If amending the registered agent and/ogistered agent and/or the new registered off  Name of New Registered Agent:  New Registered Office Address:		NUSSTI ASHRY Driv Enter Florida stree	'e. Swite	960	of the new
		City		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 ampany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

IGR = M $MBR = A$	danager Authorized Member		
i <u>tle</u>	<u>Name</u>	Address	Type of Action
			Add
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filingte:  If the date inserted in this block does not meet the applicable statutor; cument's effective date on the Department of State's records.	(optional)  Ig or more than 90 days after filing.) Pursuant to 605.0207  Ig filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier of
red October 4th . 2013.	
Signature of a member of amhorized represen	ntative of a member
Signature of a member representation of the signature of	

Page 3 of 3

Filing Fee: \$25.00