# 11800114767

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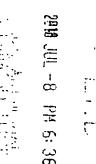
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# **COVER LETTER**

TO:	Registration Se Division of Cor					
e1354		ENTOWN. LLC				
SUBJI	ECT:	Name of Lin	ited Liability Company			
The en	closed Articles of	Amendment and fec(s) are sub	omitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		SHARON SWAN				
		HUNT REAL ESTATE S	SERVICES, INC.			
	Firm Company					
5100 W KENNEDY BLVD #100						
		TAMPA, FL 33609				
		SSWAN@HUNTRESCO	City/State and Zip Code .COM			
		E-mail address: (	to be used for future annual report notifi	cation)		
For fur	ther information co	oncerning this matter, please c	all:			
SHAR	ON SWAN		813 289-5511			
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclos	ed is a check for th	ne following amount:				
<b>■</b> \$2	5.00 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

HRES ALLENTOWN, LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limited	n <mark>any as it now appears on our records.</mark> Haability Company)	)
The Articles of Organization for this Limited Liability Compan	y were filed on MAY 7TH, 2018	and assigned
lorida document number L18000114767		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
IRES ALLENTOWN SUSQUEHANNA, LLC		
he new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2918
nter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BOX)		- P
autics mer vizition of the viole		<u> </u>
	<del></del>	<del> </del>
i. If amending the registered agent and/or registered o egistered agent and/or the new registered office address he		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	·
	Flor	
	Сцу	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:

the second second

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Change
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Filing Fee: \$25.00