# 118000210115

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C. C. C. J.

M. MILLIGAN OCT 20 2018

# **COVER LETTER**

ro:	Registration Sec Division of Corp			
		COURT APARTMENTS LLC		
SORTE	CT:		ited Liability Company	<del></del>
The enc	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		KASALI OPABOLA		
			Name of Person	
		6186 DUCKWEED RD	Firm/Company	
		LAKE WORTH, FL 33449	Address	
		opagroup   @aol.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For furtl	her information co	oncerning this matter, please ca	all:	
KASAL	LI OPABOLA		561 707-0830	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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)

MAHLING 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

Federa to

Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



### HUMANI COURT APARTMENTS LLC

(Name of the Limited Lightlity Company as it now appears on our records.)

(A Florida	Limited Liability Company)	意思
The Articles of Organization for this Limited Liability C Florida document number L18000210115	ompany were filed on 09/04/2018	and assigned
This amendment is submitted to amend the following:	·	
A. If amending name, <u>enter the new name of the limi</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
Francis address Mill District Off Office Dong		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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
MMBR	KASALI OPABOLA	6186 DUCKWEED RD LAKE WORTH, FL 33449	
			□ Remove
			■ Change
		Land W. Land	Remove
			☐ Remove
			Change
			Add
			☐ Remove
			Change
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			□ Remove
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			☐ Remove
			☐ Change

E. Effective date, if other than the date of filing:  Optional  Op	D. If amending a	any other information, enter chang	e(s) here: (Attach additional s	sheets, if necessary.)	
E. Effective date. if other than the date of filing:  (aptional)  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 405 0007 (3))  Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  (b) The 90th day after the record is filled.  Dated  Of Tables   Typed or printed name of signee  EASALI OPABOLA  Typed or printed name of signee					
E. Effective date. If other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to M95.0207 (2)  Note: If the date inserted in this block does not never the applicable stantory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  (b) The 90th day after the record is filed.  Dated  EXACLIOPABOLA  Typed or printed name of signee					
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