

**LIB00255046**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

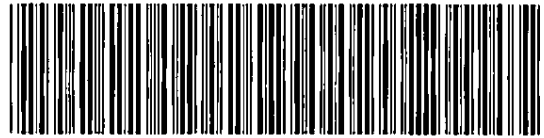
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 514759 8248344

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : December 5, 2018

ORDER TIME : 1:59 PM

ORDER NO. : 514759-005

CUSTOMER NO: 8248344

CHANGE OF AGENT

NAME: 111 LH MEMBER MANAGER LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: \_\_\_\_\_

FILED  
2018-12-05 1:59 PM  
TALLAHASSEE, FL

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: 111 LH MEMBER MANAGER LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John A. Zeledon

Name of Person

111 LH MEMBER MANAGER LLC

Firm/Company

174 W. Comstock Ave., Suite 111

Address

Winter Park, FL 32789

City/State and Zip Code

john@111Res.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John A. Zeledon

407-415-6311

Name of Person

at ( )

Area Code

Daytime 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**

111 LH MEMBER MANAGER LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/30/2018 and assigned  
Florida document number L18000255046.

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 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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Corporation Service Company

New Registered Office Address:

1201 Hays Street

Enter Florida street address

Tallahassee

City

Florida 32301

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.*

**Lydia Cohen**

**Asst. Vice President**



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>                    | <u>Type of Action</u>                      |
|--------------|--------------------------|-----------------------------------|--|
| MGR          | MID-RISE MANAGER, LLC    | 174 W. COMSTOCK AVE.<br>SUITE 111 | <input type="checkbox"/> Add               |
|              |                          | WINTER PARK, FL 32789             | <input checked="" type="checkbox"/> Remove |
|              |                          |                                   | <input type="checkbox"/> Change            |
| MGR          | Mid-rise Management, LLC | 174 W Comstock, Suite 111         | <input checked="" type="checkbox"/> Add    |
|              |                          | Winter Park, FL 32789             | <input type="checkbox"/> Remove            |
|              |                          |                                   | <input type="checkbox"/> Change            |
|              |                          |                                   | <input type="checkbox"/> Add               |
|              |                          |                                   | <input type="checkbox"/> Remove            |
|              |                          |                                   | <input type="checkbox"/> Change            |
|              |                          |                                   | <input type="checkbox"/> Add               |
|              |                          |                                   | <input type="checkbox"/> Remove            |
|              |                          |                                   | <input type="checkbox"/> Change            |
|              |                          |                                   | <input type="checkbox"/> Add               |
|              |                          |                                   | <input type="checkbox"/> Remove            |
|              |                          |                                   | <input type="checkbox"/> Change            |

FILED

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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 605.0207 (3)(b)

**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 filed.

Dated December 4 2018

Signature of a member or authorized representative of a member

John A. Zeledon, Authorized Representative

Typed or printed name of signee