

Division of Corporations Electronic Filing Cover Sheet

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(((H18000346466 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205

Phone

: (305)416-6800

Fax Number

: (305)416-6811

Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COUNTYLINE APARTMENTS CCP, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

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то:	Registration Se Division of Cor			
		INE APARTMENTS, LLC		
SUBJE	,C1:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return al! correspo	endence concerning this matter	to the following:	
		Jose M. de la O		
			Name of Person	
		AGI Registered Agents, In	c	
			Firm/Company	
		1000 Brickell Ave., Suite 3	300	
			Address	
		Miami, FL 33131		3 3 · · · ·
		Jose@agi-ra.com	City/State and Zip Code	6-6
		E-mail address: (to be used for future annual report note:	fication)
For fur	ther information c	oncerning this matter, please ca	all:	75 00
Jose M	. de la O		305 416-6800 at()	SEE SE
	Name o	f Person		e Telephone Number
Enclose	ed is a check for th	he following amount:		
■ \$2 5	i.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (add:tional 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 ARTICLES OF ORGANIZATION OF

(((H18000346466 3)))

ny were filed on Novembe	r 30, 2018 and assigned
ability company here:	
bility Company," the designati	on "LLC" or the abbreviation "L.L.C."
1000 BRICKELL AVE	
SUITE 300	
MIAMI, FL US 33131	10 C
1000 BRICKELL AVI	\$500 B
SUITE 300	7.0.0
MIAMI, FL US 33131	99
office address on our ere:	records, enter the name of the
Enter Florida vre	e) address
Ciry	, Florida Zip Code
<u>ıt:</u>	
gree to act in this capaci	ty. I further agree to comply with ties, and I am familiar with and
	bility Company," the designati 1000 BRICKELL AVE SUITE 300 MIAMI, FL US 33131 1000 BRICKELL AVE SUITE 300 MIAMI, FL US 33131 office address on our recre: Enter Florida street

3054166811

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 (((H18000346466 3)))

Title	Name	Address .	Type of Action
MGF.	JOSE A. VIZCARRONDO V.	1000 BRICKELL AVE., STE 300 MIAMI, FL 33131	
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Add
			□ Remove
			Change
			6
			SE Remove
			Change C
			MA Add
			D Remove
			D Change
			
			Remove
			Change

November 30, 2018 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 505.0207 (2 Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the coursen's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of:		(((H18000246466
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Robert R. Adams, Authorized Person		Signature of a member or authorized representative of a member
		Robert R. Adams, Authorized Person

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Filing Fee: \$25.00