## 190000 31132

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## **COVER LETTER**

Tallahassee, FL 32314

	stration Se sion of Cor				
	CBMULTI	FAMILY LLC			
SUBJECT: _		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return :	all correspo	indence concerning this matter	to the following:		
		Charles A. Beard			
			Name of Person	<del></del>	
		CBMultifamily LLC			
			Firm/Company		
		50 N. Laura Street, Suite 2500			
	Address			<del></del>	
		Jacksonville, FL 32202			
		charlie@cbmultifamly.com	City/State and Zip Code		
		E-mail address: (	to be used for future annual report not	tification)	
For further in	formation c	oncerning this matter, please c	all:		
Charles A. Be	eard		904 3343620		
	Name o	f Person	at () Area Code Daytir	me Telephone Number	
Enclosed is a	check for th	ne following amount:			
□ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ing Addres		<u>Street Address:</u> Registration So	ection	
Div	ision of C	orporations	Division of Co	orporations	
P.O.	. Box 632	.7	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

CBMULTIFAMILY LLC

(Name of the Limited Liability (A Florida)	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L19000031132	ompany were filed on 1/30/2019	Tand assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		**
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, ent	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
	Enter Florida street add	ress —
		Florida
	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. Thereby 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
MGR	Clinton Isaac Hale	50 N. Laura Street, Suite 2500	≣Add
		Jacksonville, Fl. 32202	□Remove
			□ Change
MGR	Charles A. Beard	50 N. Laura Street, Suite 2500	□Add
		Jacksonville, FL 32202	=Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			□Remove
			□Change

Effective date, if other than the date of filing:  [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 02 days; [if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records.  The 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 dis filed.  Signature for a general delayed representative of a member.  Charles A. Beard		_
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		date of filing:

Filing Fee: \$25.00