## 19000012011

| (Requestor's Name)                      |
|---|
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| (Address)                               |
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| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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19 AUG -R AM 10: 20

2019 AUS -8 1/11 9: 4:5

T GLASS AUG 0 9 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195   |             |
|---|-------------|
| REFERENCE : 874495 4305611  |             |
| AUTHORIZATION : Trucks of man                                       |             |
| COST LIMIT : \$ 25.00   | •           |
| ORDER DATE : August 7, 2019   | • •         |
| ORDER TIME : 9:0 AM   | 2(          |
| ORDER NO. : 874495-005  | 2019 AUS    |
| CUSTOMER NO: 4305611  | ස<br>-<br>ල |
|   |             |
| DOMESTIC AMENDMENT FILING   | 9:49        |
| NAME: HIDEAWAY PLACE APARTMENTS, LLC                                |             |
| EFFECTIVE DATE:   |             |
| XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION         |             |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:                     |             |
| CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING |             |
| CONTACT PERSON: Roxanne Turner EXT# 62969                           |             |

EXAMINER'S INITIALS:

## **COVER LETTER**

TO:

Registration Section

| Divi            | ision of Co                     | rporations   |   |  |
|-----------------|---------------------------------|--|---|--|
| SUBJECT:        | Hideaway                        | Place Apartments, LLC  |   |  |
| SOBJECT.        |                                 | Name of Li   | mited Liability Company   |  |
|                 |                                 | Amendment and fee(s) are su  | ·   |  |
|                 |                                 | Ambria Armstrong Wess  | el, Esquire   |  |
|                 |                                 |  | Name of Person  | · · · · · · · · · · · · · · · · · · ·  |
|                 |                                 | McNees Wallace & Nurio   | ck LLC  |  |
|                 |                                 |  | Firm/Company  | 20   |
|                 |                                 | 100 Pine Street, P.O. Box  | 1166  | 2019 7.03  |
|                 |                                 |  | Address   | · · · 1  |
|                 |                                 | Harrisburg, PA 17108-11  | 66  | . co   |
|                 |                                 | 10   | City/State and Zip Code   | 9.   |
|                 |                                 | Awessel@mcneeslaw.com  E-mail address:   | to be used for future annual report noti  | . =  |
| For further inf | ormation c                      | oncerning this matter, please c  | •   | ,  |
| Ambria Arms     | trong Wess                      | sel, Esquire   | 717 581-2319  |  |
| <del></del>     | Name o                          | f Person   | at ()<br>Area Code Daytim   | e Telephone Number   |
| Enclosed is a c | heck for th                     | e following amount:  |   |  |
| ■ \$25.00 Fil:  | ing 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) |
|                 | Registra<br>Division<br>P.O. Bo | NG ADDRESS:<br>ation Section<br>to of Corporations<br>x 6327<br>ssee, FL 32314 | STREET/COURI<br>Registration Section<br>Division of Corpora<br>Clifton Building<br>2661 Executive Con<br>Tallahassee, FL 32 | n<br>ations<br>nter Circle   |

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

| Hideaway Place Apartments, LLC  |  |             |               |              |
|---|--|-------------|---------------|--------------|
| (Name of the Limited Liability Co<br>(A Florida Lim   | ompany as it now appears on our records.) nited Liability Company) |             | _             |              |
| The Articles of Organization for this Limited Liability Comp  |  | an          | d assig       | ned          |
| Florida document number L1900007217   |  |             |               |              |
| This amendment is submitted to amend the following:   |  |             |               |              |
| A. If amending name, enter the new name of the limited  | liability company here:  |             |               |              |
| L & T Associates, LLC   |  |             |               |              |
| The new name must be distinguishable and contain the words "Limited I   | Liability Company," the designation "LLC" or the a                 | bbreviatio  | n "L.L.(      |              |
| Enter new principal offices address, if applicable:   |  |             |               |              |
| (Principal office address MUST BE A STREET ADDRESS  | <u></u>  | :           | 607           |              |
|   |  |             | 77            | <del></del>  |
|   |  |             | 1             | TT:          |
| Enter new mailing address, if applicable:   |  |             | <b>\times</b> | ر.<br>زياري: |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |             |               |              |
|   |  | •           |               |              |
| D. te   |  |             | 9             |              |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address l | d office address on our records, <u>enter</u><br><u>here</u> :     | the nai     | ne of         | the nev      |
| Name of New Registered Agent:   |  |             |               | <del></del>  |
| New Registered Office Address:  |  |             |               |              |
|   | Emer Florida street address  | <del></del> |               |              |
|   | , Florida  |             |               |              |
| New Registered Agent's Signature, if changing Registered Age  | City   | Zip Co      | de            | _            |
| <u>ren irugisius al Alemi 5 Signature. Il changing Registered Ago</u>   | mt.  |             |               |              |

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> | Name        | Address | Type of Action |
|--------------|-------------|---------|----------------|
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| (II an ell<br>Note: | ive date, if other than the date of filing:  |
|                     |  |
| f the red<br>b) The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated               | June 1 (correct to, 2019   |
|                     | Signature of a member or authorized representative of a member   |
|                     | Lynette Trout  |
|                     | Typed or printed name of signee  |

Page 3 of 3

Filing Fee: \$25.00