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(City/State/Zip/Phone #)	08/15/19++01
Special Instructions to Filing Officer:	THEO TOWNSTON OF CORPORATIONS 19 AUG 15 PH 2: 30

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COVER LETTER

TO: Registration Section Division of Corporations

COLONIAL APTS LLC

SUBJECT:

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:

WILLIAM C. VOIGHT, II

VOKHE, PA

Name of Person

Firm/Company

7680 UNIVERSAL BLVD., STE 565

Address

ORLANDO, FL 32819

City/State and Zip Code WILLIAM@MYVOIGHT.COM

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

407

Area Code

at (

477-4559

For further information concerning this matter, please call:

WILLIAM C. VOIGHT, II

Name of Person

Enclosed is a check for the following amount:

■ \$25,00 Filling 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)

*c*n

PH 2:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314 STREET/COURIER ADDRESS:

Daytime Telephone Number

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLONIAL APTS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/09/2019	_ and assigned
Florida document number 1.19000176922	

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 "LLC"

Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	<u>2</u>
	13 22
	R. OR
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	30 115
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u>

Enter Florida street a	uddress
	, Florida
 Ciw	_, FIOFICIA 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, <u>enter the title, name, and address of each person_being addec</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DEREK KEWLEY	4848 S. APOPKA VINELAND	
			🔜 Add
		ROAD UNIT 212	
			C Remove
		ORLANDO, FL 32819	
			Change
MGR	NICHOLAS J SPENCE	4848 S. APOPKA VINELAND	Add
		ROAD UNIT 212	O Xaa
			Remove
		ORLANDO, FL 32819	
			🖬 Change
			🗆 Add
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			Change

• • •	· ,				
D. If amendin	g any other it	formation, enter c	hange(s) here:	(Attach additional.	sheets, if necessary.)

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.

AUGUST 7.		\sim
		Atra
	nature of a member or authorized repr	esenfative of a member
NICHOLAS J SPENCE		

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00