119000 204 603

(Red	questor's Name)	_
(Add	dress)	
(Add	dress)	<u></u>
(Čit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL.
(Bu:	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



300334206513

09/16/19--01008--026 ++25.00

2019 SEP 16 PH 2: 46

SEP 2 5 2019

COVER LETTER

TO: Registration S Division of Co			
subject: <u>A+/</u> 2	ntic Multi Fa	ited Liability Company	i.c
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Mahesh	Desa 1 Name of Person	
	Atlantic 1	Multi Family I	
		ta Way	
	Parkland	FL 33076	
	Mahesh & E-mail address: (FL 33076, City/State and Zip Code Cap ital Vision is to be used for future annual report notification.	ny f, com
For further information c	concerning this matter, please ca		
Mahesh Name o	Desai of Person	at (<u>301)</u> 233 Area Code Daytime	2 - 126 / e Telephone Number
Enclosed is a check for t	he 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

Atlantic Multi Family III LLC

(<u>Name of the Limited Liability Compar</u> (A Florida Limited Li	as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>Li9000204603</u>	were filed on $\frac{08/07/2019}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y 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:	2019 \$
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ce address on our records, enter the name of the ne
Name of New Registered Agent.	
New Registered Office Address:	Enter Chaile was all
	Enter Florida street address

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.

City

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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mahesh Desai	9045 VISTA WAY	X Add
		PARKLAND, FL 33076	Remove
			Change
MGR	Brudley Loper	10138 STERLING TERRACE	Add
		ROCKVILLE, MD 20850	Pemove
			Change
MGR	Capital Vision Mgt.	9045 VISTA WAY	Add
	Lic	PARKLAND, FL 33076	■ Remove
			Change
			
		·	□ Remove
			Change
			Remove
			Change
			Add
			Remove
			D Change

		_
		_
		_
		-
		_
		_
 		_
		_
		_
		_
		_
		
		_
		_
		
Note: If the da	e, if other than the date of filing:	
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl day after the record is filed.	lier of
Dated	September 12. 2019.	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00