Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)

Account Number : 071005001001 :(727)441-8966 : Phone

Fax Number (727)442-8967

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

| Email | Address: | | | |
|-------|----------|--|------|--|
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IVY CHASE APARTMENT PROPERTY LLC

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$60.00 |

| | 2025 APR |
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| BILLIAN OF STATE | M 9: 52 |

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

| | gistration Se vision of Co | | | | |
|---------------|-------------------------------|--|---|-----------------------|---|
| PLID IFOT | | SE APARTMENT PROPERT | Y LLC | | |
| SUBJECT: | | Name of Lir | nited Liability Company | | 447-447-444 4 |
| The enclose | d Articles of | Amendment and fee(s) are sul | brnitted for filing. | | |
| Please retur | n all correspo | ondence concerning this matter | to the following: | | |
| | | Mr. August Stanton | | | |
| | | | Name of Person | | |
| | | Nardella & Nardella, PLL | С | | |
| | | | Firm/Company | | |
| | | 135 W Central Blvd., Suit | e 300 | | |
| | | | Address | | <u>-</u> |
| | | Orlando, FL 32801 | | | |
| | | | City/State and Zip Code | | |
| | | accounts@firstyorkcapital. | | | |
| | | E-mail address: (| to be used for future annual re | eport notification) | |
| For further i | nformation c | oncerning this matter, please o | all: | | |
| August Star | iton | | | 66-2680 | |
| | Name o | f Person | Area Code | Daytime Teleph | one Number |
| Enclosed is | a check for th | e following amount: | | | |
| □ \$25.00 I | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed) | | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Hing Address | | Street Add Registrat | Iress: ion Section | |
| | gistration S vision of C | orporations | | of Corporation | ons |
| |). Box 632 | | The Cent | re of Tallahas | ssee |
| Tal | lahassee, F | L 32314 | 2415 N. I | Monroe Stree | t, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| IVY CHASE APARTMENT PRO | | <u>-</u> | | | |
|--|--|--|------------------------|--------------------|--|
| (Name of the Limi | (A Florida Limited I | ny as it now appears ол our nability Company) | records.) | | |
| The Articles of Organization for this Limited L Florida document number L20000164363 | were filed on <u>06/18/2020</u> |) | and assigned | | |
| This amendment is submitted to amend the foll | owing: | | | | |
| A. If amending name, enter the new name o | f the limited liabl | lity company here: | | | |
| The new name must be distinguishable and contain the v | vords "Limited Liabil | ity Company," the designation | n "LLC" or the abbrevi | ation "L.L.C." | |
| Enter new principal offices address, if applic | able: | 135 W Central Blvd., Suite 300 | | | |
| (Principal office address MUST BE A STREE | | Orlando, FL 32801 | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 135 W Central Blvd., Su Orlando, FL 32801 | aite 300 | 2 025 AP | |
| B. If amending the registered agent and/or ragent and/or the new registered office address | egistered office a ss here: | ddress on our records, | enter the name of | the new registered | |
| Name of New Registered Agent: | Mr. August Star | aton | | 9 | |
| New Registered Office Address: | 135 W Central Blvd., Suite 300 Enter Florida street | | address | 52 | |
| | Orlando | | , Florida 32801 | , Florida 32801 | |
| | | City | Z | ip Code | |
| New Registered Agent's Signature, if changing I | | | | | |
| I hereby accept the appointment as registere | d agent and agre | e to act in this capacity | v. I further agree t | o 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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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> | Address | Type of Action |
|--------------|-------------------|---|-------------------|
| MGR | Kevin Geigle | 120 Harbor View Ln | □Adđ |
| | | Belleair, FL 33770 | _ |
| | | a to the second of the second | □ Change |
| AMBR | Sue Geigle | 120 Harbor View Ln | □Add |
| | | Belleair, FL 33770 | ≅Remove |
| | | | ☐ Change |
| MGR | FYC Managers, LLC | 1825 NW Corporate Blvd, Suite 110 | \(\begin{align*} |
| | | Boca Raton, FL 33431 | ☐Remove |
| | | | ☐ Change |
| | | | DAdd |
| | | | □Remove |
| | | | □ Change |
| | | | □Add |
| | | | Remove |
| | | | Change |
| | | | □Add |
| | | | Remove |
| | | | Change |

| Pl | ease update the Florida Secretary Of State records to reflect the change. |
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| ! | odate. If other than the date of filing:(optional) |
| . 17 | ine date is listed, the date must be expecific and connot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 |
| <u>e:</u> li umen | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records. |
| | |
| | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| filed | |
| :d | 14. 17075 VII |
| | Town N. |
| | |

Filing Fee: \$25.00

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