

6/30/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L210002541443645

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((H21000254144 3)))



H210002541443ABCX

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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2021 JUN 30 AM 11:05
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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAA WESTSHORE EXCHANGE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

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HONOR ORIGINAL DATE 06-30-2021



July 1, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MAA WESTSHORE EXCHANGE, LLC
23623 N SCOTTSDALE ROAD
SUITE D3250
SCOTTSDALE, AZ 85255US

SUBJECT: MAA WESTSHORE EXCHANGE, LLC
REF: L21000236455

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please make sure any managers being added has an address.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

BRIANNA C BIRO
Regulatory Specialist I

FAX Aud. #: H21000254144
Letter Number: 221A00015147

HONOR ORIGINAL DATE 06-30-2021

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAA Westshore Exchange, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/20/2021 and assigned
Florida document number L21000236455.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6815 Poplar Ave

Suite 500

Germantown, TN 38138

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6815 Poplar Ave

Suite 500

Germantown, TN 38138

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

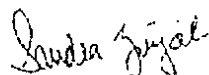
City

Florida 33324

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, 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>	<u>Type of Action</u>
MBR	National Exchange Titleholder 1031 Co	23623 N. Scottsdale Rd, Suite D-3250	<input type="checkbox"/> Add
		Scottsdale, AZ 85255	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Mid-America Apartments, L.P.	6815 Poplar Ave, Suite 500	<input checked="" type="checkbox"/> Add
		Germantown, TN 38138	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

F. Effective date, if other than the date of filing: _____ (optional)

(If 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated June 29, 2021

Cashir Nay

Signature of a member or authorized representative of a member

Leslie Wolfgang

Typed or printed name of signee

FILED
2021 JUN 30 AM 11:05
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
The 20th day of June, 2021

Filing Fee: \$25.00