

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GOOD BREAD ALLEY APARTMENTS, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$55.00 |

2021 DEC -9 PM 4:59

ALL APARTMENTS, LLC

2021 DEC -9 AM 8:56

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C. BRUMBLEY

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GOOD BREAD ALLEY APARTMENTS, 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 NOVEMBER 18, 2021 and assigned  
Florida document number L21000495266.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida

*City*

*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

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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>                   |
|--------------|-----------------------|-------------------------------------|---|
| MGR          | STEPHEN A. BLUMENTHAL | 2800 PONCE DE LEON BLVD, SUITE 1160 | <input checked="" type="checkbox"/> Add |
|              |                       | CORAL GABLES, FLORIDA 33134         | <input type="checkbox"/> Remove         |
|              |                       |                                     | <input type="checkbox"/> Change         |
| MGR          | DAVID BROWN           | 2800 PONCE DE LEON BLVD, SUITE 1160 | <input checked="" type="checkbox"/> Add |
|              |                       | CORAL GABLES, FLORIDA 33134         | <input type="checkbox"/> Remove         |
|              |                       |                                     | <input type="checkbox"/> Change         |
| MGR          | MICHAEL D. WOHL       | 2800 PONCE DE LEON BLVD, SUITE 1160 | <input checked="" type="checkbox"/> Add |
|              |                       | CORAL GABLES, FLORIDA 33134         | <input type="checkbox"/> Remove         |
|              |                       |                                     | <input type="checkbox"/> Change         |
| MGR          | VICTOR BROWN          | 800 PONCE DE LEON BLVD, SUITE 1160  | <input checked="" type="checkbox"/> Add |
|              |                       | CORAL GABLES, FLORIDA 33134         | <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         |

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

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee