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COVER LETTER

TO: Registration Sec Division of Corp	orations		
SUBJECT:	Wes (Ar B and Name of Lim	1 B LLC	_
	Name of Lim	ited Liability Company	
The enclosed Articles of A	imendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	2. Ch	Kame of Person	
		Firm/Company	
	5753 H	wy 85 N 5504 Address	
	CRESTV,	ew FZ 3253C	
	PCINOSI C	City/State and Zip Code City/State and Zip Code City/State and Zip Code O be used for future annual report noti	tication)
	ncerning this matter, please ca	all:	
Christoph	Z Music	at (<u>727</u>) <u>278 -</u> Arca Code Daytim	C757
, in the contract of the contr		, ueu code Palçani	e reasonal romaer
Enclosed is a check for the	following amount:		
(X) \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se		Street Address: Registration Sec	ction
Division of Co P.O. Box 6327	rporations	Division of Cor The Centre of T	porations
1.32.100.0047		THE CERTIC OF I	arranassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	M B LLC	our records.)
(A Florida Li	mited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>し</u> 22000 汗象260。	npany were filed on	Agr. 1 13 2027 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Fernwood Are Apartments The new name must be distinguishable and contain the words "Limited		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the desig	
Enter new principal offices address, if applicable:		2023 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
(Principal office address MUST BE A STREET ADDRES	SS)	AR
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		F 4
<u> </u>		
	·-	
B. If amending the registered agent and/or registered of	ffice address on our reco	rds, <u>enter the name of the new registered</u>
agent and/or the new registered office address here:		
Name of New Registered Agent:	<u>-</u>	
New Registered Office Address:		
	Enter Florida .	irvet address
		Florida
	City	Zq) 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 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
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			⊡Change
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cord spe tiled,	ecities a delayed	effective date.	but not ar	reffective (time, at 12:0	La.m. on the	earlier of: (b) The 90th da	y after the
zd	March	12	 []	2023					
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