# L23000 3794

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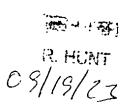
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2013: 15 PHI2: 40

2020 SEP 19 PH = 32



## **CT CORP**

#### (850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

D	ate:	09/19/2023	- w: ( ) W	
	<del></del> -	Acc#I20160000072	- 4: ( ) - W	
Name:	THE NEST	@ ROBINS APARTM	ENTS, LLC	1
Document #:				
Order #:	15133020			
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			2023 SEP 19 PM	
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	PM (2: 40	4
Filing: 🗸	Certified:		Email Address for Annual Report Noti	ificati
	Plain: COGS:			
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Thank you!

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ST @ ROBINS APARTMENTS, LLC	
(Name of the Limited I (A.)	Liability Company as it now appears on our records Florida Limited Liability Company)	<u>r)</u>
The Articles of Organization for this Limited Liabi Florida document number L23000379472	lity Company were filed on 08/14/2023	and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
NEST AT ROBINS APARTMENTS, LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "ELC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	<b>~</b> □
		2023
		<u>S</u>
Enter new mailing address, if applicable:		— <u>— — — — — — — — — — — — — — — — — — </u>
• • • •		<u> </u>
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	P 1 00
		<del>- 5 2</del>
B. If amending the registered agent and/or regis		he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Flor	rida
	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

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
			□Remove
			□Change
			□Add □
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Effective date, if other than the date of filing:	_
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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	5.0207 (3 ted as ti
cord is filed.	er the
Dated September 19 2023	
Chh M. May	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00