L23000505357

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COVER LETTER

Registration Section Division of Corporations

TO:

GAINESV SUBJECT:	TILLE APARTMENT DEVELO	DPMENT, LLC	
30b3ECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	RENNER T. JANTZ		
		Name of Person	
	GAINESVILLE APARTM	MENT DEVELOPMENT, LLC	
		Firm/Company	
	2529 S KELLY AVE		
		Address	
	EMDOND, OKLAHOMA	73013	
		City/State and Zip Code	
	renner@cardifflumber.com		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
RENNER T. JANTZ		405 326-6976 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Col The Centre of 7	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GAINESVILLE APARTMENT DEVELOPMENT, 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 $\frac{11/07}{}$	2023 and assigned		
Florida document number 1.23000505357				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company." the desig	nation "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:	2529 S KELLY AV			
	address MAY BE A POST OFFICE BOX) EDMOND, OKLAHOMA 73013	HOMA 73013		
	·	<u> </u>		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		·		
	Enter Florida street address			
	City	, Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	•	7,47 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	vee to act in this cap performance of my provided for in Cha	duties, and I am familiar with and oter 605, F.S. Or, if this document is		
If Char	nging 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>	Type of Action
MGR	JASON ROBERTSON	8181 NW 39TH AVE	□ Add
		STE 220	= Remove
		GAINESVILLE, FL 32606-0060	□Change
MGR	JAMES K. PERRY	2529 S KELLY AVE	
		EDMOND, OKLAHOMA 73013	-
			□ Change
			□Add
			□ Remove
			□ Change
			□ Remove
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			□Remove
			Change

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Effective date, if other than the of an effective date is listed, the date must	late of filing: _ be specific and car	nnot be prior to	date of filing or	more than 90 d	_ (optiona ays after filir	l) ig.) Pursuant to	605.0207
Note: If the date inserted in this blo document's effective date on the De	rk does not mee partment of State	t the applicabe's records.	ole statutory fil	ling requireme	ints, this da	te will not be	listed as
record specifies a delayed effective d is filed.	date, but not an	effective tim	ie, at 12:01 a.n	n, on the earlie	er of: (b)	The 90th day a	ifter the
Dated April 19	2	2024	_ ·				
Jaica							
R-7. gag.			and proportion	ua of a numb			-