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Account Number: 120030000013 Phone: (305)444-5969 Fax Number: (786)532-9173

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COVER LETTER

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SUBJECT: VEBLUE L.	AKE APTS, LLC				
SUBJECT:		ed Liability Company			
The enclosed Articles of A	mendment and fcc(s) are sub-	nitted for filing.			
Please return all correspon	dence concerning this matter t	o the following:			
	Monique Martino				
		Name of Person	-		
	Erra Law				
		Firm/Company		20 :	
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	2601 S Bayshore Drive 18th	Address) in the contract of the contr	* 1.
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	Coconut Grove, FL 33133			•	1 2
		City/State and Zip Code			 ر
	mm@erralaw.com			· -:: :	
	E-mail address: (1	to be used for future annual report notifi	oation)	ni 43	
For further information co	ncerning this matter, please co	dl:			
Monique Martino		at (786-809-2250 Area Code Daytime			
Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a check for th	e following amount:		<u></u>	-	
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMEN TO

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ARTICLES OF ORGANIZATION

VE BLUE LAKE APTS, LLC

he Articles of Organization for this Limited Liability C	Company were filed on	and and a	igigned Signed
lorida document number L23000509023			를 ·
	_	-1-4	ກ່ > >
his amendment is submitted to amend the following:			
. If smending name, enter the new name of the lim	ited liability company here:	. : 3	72.
Vertical Equity Parks 10, LLC		,	
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "	LLC" or the abbreviation "	£rc."
Inter new principal offices address, if applicable:			
-			
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Principal office address MUST BE A STREET ADDR			
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Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	ed office address on our records, <u>er</u>	nter the name of the n	new regi

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

MGR = Manager

If amending Authorized Person(s) authorized to manage, en	
or removed from our records:	1123000433113

<u>Title</u>	<u>Name</u>	Address	Type of Action
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H23000439173 3 D. If smending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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) E. Effective date, if other than the date of filing: Note: If the date inserted in this block does not meet the applicable statutory filling 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. December 27th Dated

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describerated representative of a member

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Alyssa Ry