Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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 LEO@BRISTOL MULTIFAMILY, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEO@Bristol Multifamily, LLC		
(Name of the Limited Liab (A Flori	oility Company as it now appears on our resida Limited Liability Company)	tords.)
The Articles of Organization for this Limited Liability	Company were filed on June 20, 2024	and assigned
Florida document number L24000278327		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		202
B. If amending the registered agent and/or register	red office address on our records, <u>en</u>	ter the name of the new registere
agent and/or the new registered office address here	:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street add	
New Registered Office Address:		

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
MGR	Advenir Capital, LLC	17501 Biscayne Boulevard	□Add
		Suite 300	■Remove
		Aventura, Florida 33160	_
MGR	Advenir Azora Capital, LLC	17501 Biscavne Boulevard	■Add
		Suite 300	
		Aventura, Florida 33160	
			□AdJ
			□Remove
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at the total at a sale	1.4 C.511			(n = Ai 1	
ctive date, if other than the effective date is listed, the date must if the date inserted in this bloment's effective date on the De	ck does not meet th	ie applicable sta	of filing or more tha stutory filing requ	n 90 days after filing irements, this date) 2.) Pursuant to 605.020 2 will not be listed a
ord specifies a delayed effective filed.	date, but not an eff	fective time, at	12:01 a.m. on the	earlier of: (b) T	he 90th day after th
December 19 ed	. 202				
/s/ Stephen L.					
-	Signature of a membe			 	

Filing Fee: \$25.00