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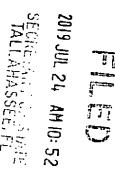
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### **COVER LETTER**

Division of Corporations
SUBJECT: Bahama Bay II Apartment Homes, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jake Gantz Name of Person
VennPoint Real Estate
401 W Superior, Suite 200
Chicaso, Il Colosy City/State and Zip Code
Sake a Vennointre. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kellie DeVilbiss at (630) 835-4023  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status} \$\Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}

#### MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bahama Bay II (Name of the Limited Liab) (A Florid	Apartment thmes ilit Company as it now appears on our reco da Limited Liability Company)	<i>-</i> /
The Articles of Organization for this Limited Liability Florida document number M19000007000		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
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 and the second se		SECULIANASSEE, File named of the new codes, enter the new codes, enter the named of the new codes, enter the
Name of New Registered Agent:		
New Registered Office Address:		_ <del></del>
Negleteled Office ( tadiens,	Enter Florida street add	ress
	,	Florida
	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 = AI	uthorized Member		
Title AMBR	Name	Address Vallage Phoe	Type of Action
ANI DR	Dan Chase	1132 Village Place Davenport, FL 33896	<b>i\$</b> Add
			Remove
MGR			Change
MOR.	Kellie DeVilbiss	1515 Almond Ct Downers Grove, IL 6051	<b>∑_X</b> Add
			Remove
			Change
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		Jake	e Gantz	r printed name o	<del></del>				

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Filing Fee: \$25.00