

# M24000011009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

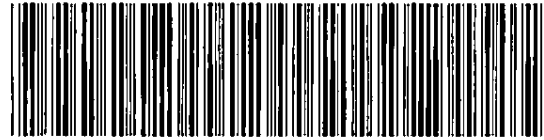
(Business Entity Name)

(Document Number)

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**WALK IN**

**PICK UP:** JENA 11/12

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FOREIGN LLC

1. STARKE FAMILY APARTMENTS, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Starke Family Apartments, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

2. The Florida document number of this limited liability company is: M24000011009

3. Jurisdiction of its organization: Wisconsin

4. Date authorized to do business in Florida: August 26, 2024

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: VOA Gorman Tallahassee Family, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, **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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|------------------------|-------------|----------------|---------------------------------|
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
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| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Brian Swanton  
Signature of the authorized representative

Brian Swanton

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

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2024 NOV 12 AM 10:28  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Kristie Pulvermacher, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that the annexed copy has been compared by me with the record on file in the Corporation Section of the Division of Corporate & Consumer Services of this department and that the same is a true copy thereof and that I am the legal custodian of said record, and that this certification is in due form.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed the official seal  
of the Department.

A handwritten signature in black ink that reads "Kristie Pulvermacher". The signature is written in a cursive style with a large initial "K".

KRISTIE PULVERMACHER, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

A handwritten signature in black ink that reads "Kyle Annen". The signature is written in a cursive style with a large initial "K".

DATE: 11/11/2024

BY: Kyle Annen



State of Wisconsin  
Department of Financial Institutions

**ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY**

Executed by the undersigned for the purpose of forming a Wisconsin Limited Liability Company under Chapter 183 of the Wisconsin Statutes:

- Article 1. **Name of the limited liability company:**  
Starke Family Apartments, LLC
- Article 2. **The limited liability company is organized under Ch. 183 of the Wisconsin Statutes.**
- Article 3. **Name and email address of the initial registered agent:**  
  
GORMAN & COMPANY, LLC  
mredman@gormanusa.com
- Article 4. **Street address of the initial registered office:**  
200 N. Main Street  
Oregon, WI 53575  
United States of America
- Article 5. **Street address of the principal office:**  
200 N. Main Street  
Oregon, WI 53575  
United States of America
- Article 6. **Name and complete address of each organizer:**  
Gorman & Company, LLC  
200 North Main Street  
Oregon, WI 53575  
United States of America
- Other provisions (optional). Article 7. The limited liability company will be member managed.
- Other Information. **This document was drafted by:**  
Joseph Shumow
- Organizer Signature:**  
Brian Swanton  
(Signing on behalf of Gorman & Company, LLC)

**Date & Time of Receipt:**

8/23/2024 12:47:35 PM

**Order Number:**

202408236499465

ARTICLES OF ORGANIZATION - Limited Liability Company(Ch. 183)

Filing Fee: \$130.00  
Expedite Fee: \$25.00  
Total Fee: \$155.00

ENDORSEMENT

State of Wisconsin  
Department of Financial Institutions

|                |  |
|----------------|--|
| EFFECTIVE DATE |  |
| 8/23/2024      |  |

|       |                             |
|-------|-----------------------------|
| FILED | Entity ID Number<br>S156057 |
|-------|-----------------------------|





State of Wisconsin

**Department of Financial Institutions****Corporations Bureau****Form 504 - Limited Liability Company Articles of Amendment****Name of Limited Liability Company**

Entity Name or Entity Id: STARKE FAMILY APARTMENTS, LLC  
Entity ID: S156057

Date the Articles of  
Organization were filed: 08-23-2024

**Entity Name Amendment**

The text of the amendment to  
the articles of organization  
amends the name of limited  
liability company: Yes

The Name of the LLC is  
amended to be: VOA Gorman Tallahassee Family, LLC

**Registered Agent Name Amendment**

The text of the amendment to  
the articles of organization  
amends the name of the  
Registered Agent: No

The Registered Agent name is  
amended to:

Name of Entity:

**Registered Agent Address Amendment**

The text of the amendment to  
the articles of organization  
amends the street address of  
the Registered Agent. No

The Registered Agent address is amended to:

Street Address:

Address 2:

City:

State:

Zip Code:

Email:

**Principal Office Address**

The text of the amendment to No

the Principal Office.

The Principal Office address is amended  
to:

Address:

Address 2:

City:

State:

Zip Code:

#### **Other Provisions**

#### **Drafter**

This document was drafted by: Joseph Shumow

#### **Signature**

Title: President of Managing Member

Date: 11/07/2024

I understand that checking this  
box constitutes a legal  
signature: Yes

Signatory's Name: Brian Swanton

#### **Delayed Effective Date (Optional)**

This document will be effective on the date it is received by the  
department unless a delayed (future) date is included here.

(Optional) This document has a  
delayed effective date of:

#### **Contact Information (Optional)**

Name: Melissa Dymerski  
Address: 1401 Lawrence Street, Suite 1600  
City: Denver  
State: CO  
Zip Code: 80202  
Phone Number: 720-721-3327  
Email Address: mdymerski@reinhardtllaw.com

#### **Endorsement**

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Received Date: 11/07/2024