

L15000211539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

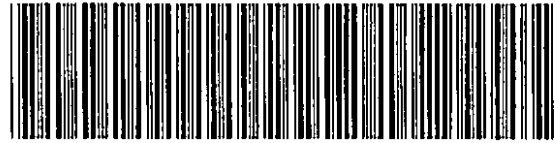
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/08/17--01027--015 **30.00

FILED
17 JUL 17 AM 10:12
STATE
TALLAHASSEE, FLORIDA

S. WARREN
JUL 18 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2017

DANIAN HINES
1190 RESERVE WAY #207
NAPLES, FL 34105

SUBJECT: A1 HOUSING SOLUTIONS, LLC
Ref. Number: L15000211539

We have received your document for A1 HOUSING SOLUTIONS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

CAN NOT CHANGE THE ADDRESS OF THE CURRENT REGISTERED AGENT "UNITED STATES CORPORATION AGENTS", MUST DESIGNATE A NEW REGISTERED AGENT AND HAVE THEM SIGN IF YOU WANT TO CHANGE THE ADDRESS

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 917A00011815

COVER LETTER

**TO: Registration Section
Division of Corporations**

* A1 Housing Solutions LLC

SUBJECT: _____
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:

Danian Hines

Name of Person

A1 Housing Solutions LLC

Firm/Company

1190 Reserve Way #207

Address

Naples FL 34105

City/State and Zip Code

danianhines@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danian Hines

239 5955649
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 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 ADDRESS:
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**

AI Housing Solutions 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 12/22/15 and assigned Florida document number L15000211539.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6017 Pine Ridge Rd #101

Naples FL

34119

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6017 Pine Ridge Rd #01

Naples FL

34119

B. If amending the registered agent and/or registered office 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:

DANIAN HINES

New Registered Office Address:

6017 Pine Ridge Rd #101

Enter Florida street address

Naples

City

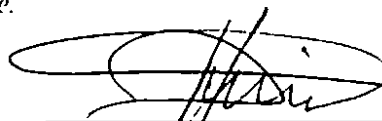
Florida

34119

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

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NOV 17 2015
11:10 AM
STATE
OF FLORIDA
TALLAHASSEE

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>	<u>Type of Action</u>
OFFICER	JEMMEY HINES		<input type="checkbox"/> Add
		1190 RESERVE WAY #207 NAPLES FL 34105	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	THEODHOR SINA	6017 PINE RIDGE RD #101 NAPLES FL 34119	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DWAYNE BAILEY	6017 PINE RIDGE RD #101 NAPLES FL 34119	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 AM ID: 12
 STATE OF FLORIDA
 TALLAHASSEE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Multiple horizontal lines for amending information.

E. 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)

Note: If the date inserted in this block does not meet the applicable statutory filing 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.

Dated JUNE 05, 2017

Signature of a member or authorized representative of a member

DANIAN HINES

Typed or printed name of signee

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17 JUL 17 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA