## L020000840U

•	(Requestor's Name)	
	(Address)	
<del></del>	(Address)	***************************************
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	`
	(Document Number)	·
Certified Copies	Certificates of	Status
Special Instructions	s to Filing Officer:	





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## \*COVER LETTER

AHF Temple SUBJECT:	le Court LLC	
JOBOLETT	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this matter to the following:	
•	-	
	Audrey Robertson	
	Name of Person	
	Miami-Dade Affordable Housing Foundation, Inc.	
	Firm/Company	
	7855 NW 12th Street, Suite 206	
	Address	
	Miami, Florida 33126	
	City/State and Zip Code	
	arobertson@mdahfi.org	
	E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please call:	
Jessica N. Pacheco, Esq.	at ()	
Name of	at ()  Area Code Daytime Telephone Number	
Enclosed is a check for the	he following amount:	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

**Registration Section** 

**Division of Corporations** 

TO:

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



RECEIVED

15 JUL 17 PM 3: 06

SECRETARY OF STATE IALLAHASSEE, FLORIDA

July 7, 2015

AUDREY ROBERTSON 7855 NW 12TH STREET SUITE 206 MIAMI, FL 33126

SUBJECT: AHF TEMPLE COURT LLC

Ref. Number: L02000008400

We have received your document for AHF TEMPLE COURT LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the complete name and address of the Manager you are adding.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 515A00014130

1. 3.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2015 JUL 17 AM 9: 03

SECRETARY OF STATES TALLAHASSEE, FLORIDA

AHF T	l'emple	Court	LLC
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(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 Lial Florida document number L02000008400	oility Company	were filed on April 9, 2002	and assigned	
	ving:			
AHF Temple Con	unt SS	C	LC" or the abbreviation "L.L.C."	
		7855 NW 12th Street		
Florida document number  L02000008400  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the lim  The new name must be distinguishable and contain the words "Lim  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDI  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 of New Registered Agent:  Name of New Registered Agent:  New Registered Office Address:  Miary		Suite 206	<del></del>	
(Principal office dadress MUST BE A STREET ADDR		Miami, Florida 33126		
• • • •		7855 NW 12th Street Suite 206		
		Miami, Florida 33126		
registered agent and/or the new registered offi		<u>e</u> :	rds, <u>enter the name of the new</u>	
New Pagistered Office Address	7855 NW 12th	Street, Suite 206		
New Registered Office Address.	Enter Florida street address			
	Miami	_	Florida 33126	
		City	Zip Code	
New Registered Agent's Signature, if changing Re	gistered 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 Agen

Page 1 of 3

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>	Name	Address	Type of Action
Manager	Name  RUDREY ROBERTS  Miami-Dade Affordable Housing F	7855 NW 12th Street, Suite 206, M	■ Add
			☐ Remove
			Change
Manager Opal .	Opal Jones	25 West Flagler Street, Suite 750, N	□ Add
			■ Remove
			Change
			Add
			□ Remove
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ective date, if other than t	the date of filings		(ор	tional)	
effective date is listed, the date i	must be specific and cannot b	be prior to date of filing	or more than 90 days at	ter filing.) Pursuant to	605.0207
te: If the date inserted in this ument's effective date on the			filing requirements, t	nis date will not be	listed as
	, <u> </u>				
record appoifing a dalay	and officially a data. h	ut not an offocti	va tima at 12:01	a monthe	ifier of
record specifies a delay he 90th day after the r		ut not an enecu	ve tille, at 12.01	a.m. on the eq	
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June 12	2015	,		7	No. 4
ed State 12		· ·		- Tanggar Haran Angan Angan Haran	,
1 sm ol	en ho	bly box			<b>EFF</b> 8
	Signature of a member	or authorized represen	tative of a member		-

Page 3 of 3

Filing Fee: \$25.00