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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MACNIC, 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:	
Philip J. Santo (Name of Person)	
MACNIC, LLC (Firm/Company)	
6574 N. St RO 7 # 205 (Address)	
Cocond Creek Fl 33073 (City/State and Zip Code)	
For further information concerning this matter, please call:	
PLIIP J Canto at (951) 812-5619 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

MACNIC	C. LLC		
(Name of the Limited L (A F	ability Company as it now appears of lorida Limited Liability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited Liab	oility Company were filed on	-5-06	and assigned
Florida document number <u>L 06000</u> 7	<u>6523</u> .	•	ASE & T
This amendment is submitted to amend the follow	ring:		OB JAN 14 PH SECRETARY OF
A. If amending name, enter the new name of t	he limited liability company here:		ت س
Broward Housing	solutions, LLC		97. <b>95</b>
The new name must be distinguishable and end with the "L.L.C."	the words "Limited Liability Company	," the designation	"LLC" of the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office		· records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			
			·
New Registered Office Address:	(Enter	r Florida street d	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

•	Managing Membe	•		
<u>l'itle</u>	<u>Name</u>		Address	Type of Action
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Dated	1-10-		<u> </u>	PM 3: 05  EFFLORIDA
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		Signature of a member	Ser or authorized representative of a memb アルルク エ・Son	oer to
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Page 2 of 2

Filing Fee: \$25.00