L000007233

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	(Reque	stor's Nam	e)		
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	- <u>-</u>				
	(City/St	ate/Zip/Pho	ne#)	·	
PICK-UI	→ [WAIT		MAIL	
	(Busine	ss Entity N	ame)		
	(Docum	nent Numbe	er)		
Certified Copies	····	Certificat	es of S	itatus	

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EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO: Registration So Division of Con			:r
SUBJECT: Pasc	o CWHIP Partners, L	LC	
	(Name of Lim	ited Liability Company)	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Cindy Br		
		(Name of Person)	
		(Firm/Company)	
	13924 7th	n Street	
		(Address)	
	Dade city	y, FL 33525	
		(City/State and Zip Code)	
For further information	concerning this matter, please of	call:	
Cindy Brown		at (352) 567-6581	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	X \$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)
Regis Divisi	LING ADDRESS: tration Section ion of Corporations	STREET/COURIER Registration Section Division of Corporation	
	Box 6327 nassee, FL 32314	Clifton Building 2661 Executive Cente	r Circle

Tallahassee, FL 32301

Services of the services of th

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pasco CWHIP Partner		
(Name of the Limited Liz (A Flo	ability Company as it now appears or orda Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabin Florida document number <u>L0800007233</u>	ility Company were filed on Janua	ary 22, 2008 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company,	'the designation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	1.0	
	(Enter	· Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	ristered Agent:	
I hereby accept the appointment as registered a the provisions of all statutes relative to the pro- accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	per and complete performance of red agent as provided for in Chap gistered office address, I hereby co	my duties, and I am familiar with and ster 608, F.S. Or, if this document is onfirm that the limited liability
	(ICC)	2008
		Signature of New Registered Agent) A 30 Ph The state of the state o
	Page 1 of 2	

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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	<u>General Home Developme</u> nt Co of Pinellas	orp. 215 49th St. S St. Petersburg, FL 33707	X Add Remove
MGRM	Workforce Housing Ventures	, Inc. P. O. Box 948 Dade City, FL 33526	XX Add Remove
MGRM_	PDC Affordable Housing LLC	215 49th St. S. St. Petersburg, FL 33707	XX Add Remove
	 .		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary	.)
Dated Ja	nuary 29, 2008		
	Signature of a member o	or authorized representative of a member	200
	Thomas E. Smith		
	rypeu o	Page 2 of 2	Ending.
	Fili	ing Fee: \$25.00	