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COVER LETTER

Division of Cor					
SUBJECT: HOUSING MODIFICATION ASSISTANCE, LAC (Name of Limited Liability Company) The enclosed Articles of Amendment and fee(s) are submitted for filing.					
	•	Paula Montan (Name of Person)	νO		
	Housing M	ODIFICATION ASSUTA			
(City/State and Zip Code)					
		SUNTUE FL 3 (City/State and Zip Code)	3498		
For further information concerning this matter, please call:					
Paula Montano at (305) 4573691 (Name of Person) (Area Code & Daytime Telephone Number)					
(Name C	n retson)	(Area Code & Daynine 1	elephone Number)		
Enclosed is a check for th	e 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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Tallahassee, FL 32314

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FILED SBORE TARY OF STATE

Name of the Limited Liability Comp. (A Florida Limited	A SSISTANCE, LLC any as it now appears on our records. Liability Company)			
The Articles of Organization for this Limited Liability Compan	y were filed onO3/o3/2009 and assigned			
Florida document number 109000 2072.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and end with the words "Lin" "L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	10216 NW 46 Street			
(Principal office address MUST BE A STREET ADDRESS)	10216 NW 46 Street Sunrise, FL 33498			
Enter new mailing address, if applicable:	10216 NW H6 Strut			
(Mailing address MAY BE A POST OFFICE BOX)	SUNTUE, FL 33498			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:	Parla Montavo 10216 NW 46 Street address)			
	SINVISE, Florida 33498 (City) (Zip Code)			
New Designand Agentle Signature if shanging Degistered Agent				

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 ameraling 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 **Address Title** Name **Type of Action** Miguel A Percz M6K **Z**-Remove ☐ Add Remove Add ☐ Remove ☐ Add Remove ☐ Remove ___ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Paula Murtano
Typed or printed name of signee