

✓ 10000041381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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MAIL

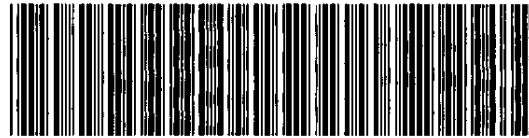
(Business Entity Name)

(Document Number)

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28th NOV - 1 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

NOV - 2 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Multifamily Professional Services, 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:

Dennis Howard

Name of Person

Multifamily Professional Services, LLC

Firm/Company

7777 Normandy Boulevard

Address

Jacksonville, FL 32221

City/State and Zip Code

larry_howard@comcast.net

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

For further information concerning this matter, please call:

Dennis Howard

Name of Person

at (904)

3780144

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

28 NOV - 1 PM 12:30

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Multifamily Professional Services, 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 April 19, 2010 and assigned
Florida document number L10000041381.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

7777 Normandy Boulevard

Jacksonville, Florida 32221

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7777 Normandy Boulevard

Jacksonville, Florida 32221

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2010 NOV - 1 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Dennis Howard

New Registered Office Address:

7777 Normandy Boulevard

Enter Florida street address

Jacksonville

Florida

32221

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:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Debbie Fallon	7777 Normandy Boulevard Apartment # 901 Jacksonville, FL 32221	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Blair Davenport	1321 San Mateo Avenue Jacksonville, FL 32207	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated October 27, 2019

Debbie Fallon

Signature of a member or authorized representative of a member

Debbie Fallon

Typed or printed name of signee

FILED
2019 OCT - 1
TALLAHASSEE FLORIDA
12:30