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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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TALLAHASSEE FLORIDS

J. HARRIS

COVER LETTER

Division of Corp		•	.X+		
	RDABLE HOUSING CONSU	JLTING, LLC	·		
SUBJECT:	Name of Limi	Name of Limited Liability Company			
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.			
Please return all correspond	dence concerning this matter t	to the following:			
	Deborah Blinderman				
	Name of Person DDB Affordable Housing Consulting, LLC				
					
		Address			
	Tallahassee, FL 32308				
	debbie@affordablehousing.				
	E-mail address: (t	o be used for future annual report notific	cation)		
For further information con	ncerning this matter, please ca	ıll:			
Deborah Blinderman		305 632-2511 at ()			
Name of 1	Person	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

TO **ARTICLES OF ORGANIZATION OF**

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our record Liability Company)	<u>(s.</u>)
he Articles of Organization for this Limited Liability Company orida document number	were filed on May 6, 2010	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
FFORDABLE HOUSING CONSULTING, LLC		
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	men and many
nter new principal offices address, if applicable:		59 2 1
Principal office address MUST BE A STREET ADDRESS)	<u></u>	33. N
		Sign
		S. S. C.
nter new mailing address, if applicable:		S 1/2 T
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered or egistered agent and/or the new registered office address her Name of New Registered Agent:		s, enter the name of the
New Registered Office Address:		
_	Enter Florida street addre.	22.
	, FI	orida Zip Code

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 Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member .

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
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(If an effe <u>Note:</u> I docume	ve date, if other than the extive date is listed, the date must of the date inserted in this blocant's effective date on the De	date of filing: _ be specific and can ck does not meet partment of State	the applicable statue's records.	filing or more than 9 utory filing require	ments, this date) Pursuant will not t	e liste	ed as the
the rec	ord specifies a delayed 90th day after the reco	errective date ord is filed.	e, but not an en	ective time, at	; 12:01 a.m.	on the	earne	er or:
	AUGUST 20	2	2015					
Dated _		R	·			TALL TALL	2015	eng
		Signature of a men	ber or authorized rep	resentative of a mem	iber	AHA AHA	Sin.	EXPERIMENT.
	DEBORAH BLINDERN					SSE!	24	7000 F.F. (
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			Page 3 of 3			至此	ഗ	

Filing Fee: \$25.00