11000097168

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SECRETARY OF STATE

J. BRYAN

MAY 3 0 2012

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	5- PETE Name of Limit	HOUSING LLC and Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	BENNE	77 ANDREWIS Name of Person	TALLED BY I'M
		Firm/Company	—————————————————————————————————————
		530639 Address	,
	ST PETE E-mail address: (t	ST PETERS? City/State and Zip Code HOUSING @ GMAIL. Co o be used for future annual report notificat	on -
For further information c	oncerning this matter, please c		
BENNET Name o	T ANDREWS f Person	at (727) 385-55 Area Code & Daytime T	elephone Number
Enclosed is a check for the	ne 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

1.

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

(Name of the Limited Liability Company (A Florida Limited Lia			
The Articles of Organization for this Limited Liability Company w Florida document number <u>L11000097168</u> .	were filed on $\frac{8/23/2011}{}$ and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company here:		
The new name must be distinguishable and end with the words "Limited "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	PR T		
Enter new mailing address, if applicable:	20 PM		
(Mailing address MAY BE A POST OFFICE BOX)	-0 : -07: -		
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida City Zip Code		
	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

Title Name Address Type of Action

MGR BENNETT ANDREWS PO BOX 530639 Add

ST PETERSBURG, FL 33747 Remove

MGR SHANNON D'BRIEN PO BOX 530639 Add

ST PETERSBURG, FL 33747 Remove

MGRM BENNETT ANDREWS PO BOX 530639 Add

ST PETERSBURG, FL 33747 Remove

MGRM BENNETT ANDREWS PO BOX 530639 Remove

MGRM SHANNON D'BRIEN PO BOX 530639 Remove

		Remo	ove
D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessar	SECRETARY SECRETARY	1
		ASSET C	
		OR TOP	1:41
Dated	MAY 23 , 2012 . Signature of a member or authorized representative of a member		

∏Add

Page 2 of 2

BENNETT ANDREWS
Typed or printed name of signee

Filing Fee: \$25.00