

L11000131326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

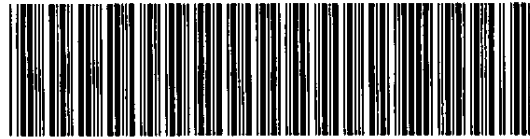
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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K. SALY
EXAMINER
OCT 26 2015

THE HOUSING AUTHORITY

Commissioners
Robin Courtney, Chairman
Norma Lewis, Vice Chairman
John Kretzer
Sonya C. Frazier
Steve Koenig

of the City of Daytona Beach
211 N. Ridgewood Avenue, Suite 300, Daytona Beach, FL 32114
(386) 253-5653
FAX (386) 255-2136
TDD (386) 252-6473

Anthony E. Woods
Executive Director / CEO

DELIVERED VIA U.S. FIRST CLASS MAIL

October 15, 2015

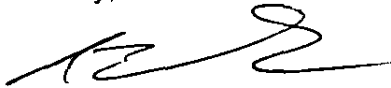
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Villages At Halifax Partners II, LLC
Document Number: L11000131326

To Whom It May Concern:

I have enclosed an amended Articles of Organization of a Florida Limited Liability Company due to a change in officers. I have also included a letter from the Internal Revenue Service exhibiting the Employer Identification Number assigned to the subject entity. Please acknowledge receipt of amendment with a return Certificate of Status. I have enclosed payment in full of \$30.00. If you should have any questions or need additional information, please do not hesitate to contact me at (386) 253-5653 x334.

Sincerely,



Anthony E. Woods,
President



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Villages At Halifax Partners II, 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:

Anthony E. Woods

Name of Person

Daytona Beach Housing Development Corporation

Firm/Company

211 N. Ridgewood Avenue, Suite 300

Address

Daytona Beach, 32114

City/State and Zip Code

woods@dbhafl.org

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

For further information concerning this matter, please call:

Anthony E. Woods

386

253-5653 x334

at (_____) _____

Name of 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

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

Villages At Halifax Partners II, 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 November 18, 2011 and assigned Florida document number L11000131326.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ethel Turner	211 N. Ridgewood Avenue	<input checked="" type="checkbox"/> Add
		Suite 300	<input type="checkbox"/> Remove
		Daytona Beach, FL	<input type="checkbox"/> Change
AMBR	Mae Frances Davis	211 N. Ridgewood Avenue	<input type="checkbox"/> Add
		Suite 300	<input checked="" type="checkbox"/> Remove
		Daytona Beach, FL 32114	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

EIN # 47-4519742

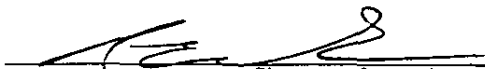
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated October 12, 2015



Signature of a member or authorized representative of a member

Anthony E. Woods

Typed or printed name of signee