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(Document Number)	
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2017 NOV 22 PM 4: 01
SECRLTARY OF STATE

K. SALY NOV 27 2017

## **COVER LETTER**

TO:	Registration Division of C	Section Corporations	
end i		TY HOUSING LLC	
SUBJ	ECT:	Nan	of Limited Liability Company
The en	nclosed Articles	of Amendment and fee(s)	are submitted for filing.
Please	e return all corre	spondence concerning thi	matter to the following:
		CHAD KARR	
		MID CITY HOUS	Name of Person
		MID CITT HOUS	Firm/Company
		5460 WINDWAR	
			Address
		NEW PORT RIC	HEY , FL 34652
		REALTORCHAD	City/State and Zip Code
		la la	address: (to be used for future annual report notification)
For fu	irther informatio	n concerning this matter.	please call:
СНА	D KARR		863 860-3620 at ()
	Nan	e of Person	Area Code Daytime Telephone Number
Enclo	sed is a check fo	or the following amount:	
<b>■</b> S:	25.00 Filing Fee	□ \$30.00 Filing F Certificate of	& \$55.00 Filing Fee & \$60.00 Filing Fee,  Certified Copy Certificate of Status &  (additional copy is enclosed) Certified Copy  (additional copy is enclosed)
	Reg Div P.O	istration Section ision of Corporations . Box 6327 lahassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301

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

F 201740	ILED
SECRETARY ALLAHASSE	20

MID CITY HOUSING LLC	TALLAHARYOF 4:01
(Name of the Limited Liability Compa (A Florida Limited I	-0K/0K
The Articles of Organization for this Limited Liability Company	were filed on JANUARY 9 2012 and assigned
Florida document number L12000003276	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	<u>ílity company here</u> :
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5460 WINDWARD WAY
(Principal office address MUST BE A STREET ADDRESS)	NEW PORT RICHEY, FL 34652
Enter new mailing address, if applicable:	5460 WINDWARD WAY
(Mailing address MAY BE A POST OFFIGE BOX)	NEW PORT RICHEY, FL 34652
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:	ffice address on our records, <u>enter the name of the nev</u> e:
New Professor Office Address	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and

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

MGR = N AMBR = A	Manager Authorized Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
MGR	ANDREA FIGART	
		1522 SHERWOOD LAKES BLVE  LAVELAND F1,3 9869  Change
		🗀 Remove
		□ Change
		SI LIKE THE ROMOVE PROPERTY OF
		Torchange Control of Add
		Remove
		Change
		Remove
		Remove
		Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:  (16 on a Objective date is listed, the date must be specificated compatible prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)th
(If an effective date is listed, the date must be specificand 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.
(b) The sour day after the record is med.
Dated 11/20/17 Naxember 2017.
Signature of a member or authorized representative of a member
CHAD KARR
Typed or printed name of signee
Page 3 of 3
Filing Fee: \$25.00