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S. YOUNG

COVER LETTER

	Registration Se Division of Cor				
SUBJEC	т:	Prusalem 1 Name of Lim	HOUSING LLC	2	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		Quic	CY Shehadel	1	
		_ clo Am	UNICOMPANY FORCOU	inting	TALLAHI
		<u>4509 Be</u>	e Ridge Rd Su Address	vite C	16 AUG 26 PHII: 0
		Saraso	ta FL 3423 3 City/State and Zip Code	3	11:01
		E-mail address: (to be used for future annual report notif	ication)	
For furthe	er information c	oncerning this matter, please ca	all:		
	Name o	y Shehadeh	at (941) 321- Area Code Daytime	7805 Telephone Number	_
		he following amount:			
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing I Certificate of Certified Cop (additional copy	Status & y
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Jerusalem Hou</u>	sing, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on May 17, 2012	_ and assigned
nis amendment is submitted to amend the following: 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 "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable:		
(Name of the Limited Liability Company as it now appears on our records.) (A Horda Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on MOU 17, 2012 and assigned ida document numberL 1 2000 (U 10 7 9) If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited Liability company," the designation "LLC" or the abbreviation "LLC" er new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) If amending the registered agent and/or registered office address on our records, enter the name of the new stered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Exter Florida street address Florida		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		D.S.
(Principal office address MUST BE A STREET ADDRESS)		P A
		- C
		P MOF
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- R - R - R - R - R - R - R - R - R - R
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		e name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City	Zip Code
New Registered Agent's Signature if changing Registered Agent.	,	

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> **Address Type of Action** 4059 Palau Orive Sarasota, FL 34241 Laura Kitay MGR Add □ Remove □ Change □ Add □ Remove □ Change _□ Add □ Remove □ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

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Effective date, if other the (If an effective date is listed, the date inserted in document's effective date or	late must be specific and c this block does not me	cannot be prior to date eet the applicable s	of filing or more than 90 atutory filing requirer	(optional) days after filing.) Pursuan nents, this date will not	nt to 605.0207 (2 be listed as th
the record specifies a de) The 90th day after th	elayed effective da e record is filed.	ate, but not an	effective time, at	12:01 a.m. on the	earlier of:
Dated 8 33	<u></u>	2016.	dh		
	Signature of a me	mber or authorized	epresentative of a memb	per	

Page 3 of 3

Filing Fee: \$25.00