

L12000 120133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

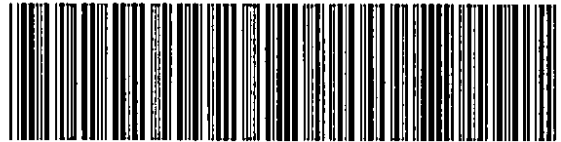
(Business Entity Name)

(Document Number)

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09/02/20--01018--007 **25.00

2020 OCT 13 10:24

OCT 13 2020

OCT 13 2020

COVER LETTER

TO: Registration Section
Division of Corporations

HOUSING SOLUTIONS OF South Florida, LLC

SUBJECT: _____
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:

PIERRE ST JEAN

Name of Person

PIERRE ST JEAN, PLLC

Firm/Company

4524 GUN CLUB ROAD, SUITE 104

Address

WEST PALM BEACH, FLORIDA 33415

City/State and Zip Code

PSJ2050@MSN.COM

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

For further information concerning this matter, please call:

PIERRE ST JEAN

561 827-3088

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

HOUSING SOLUTIONS OF South Florida, LLC

4:10 PM - 2 PM 6:26

(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 09/19/2012 and assigned
Florida document number L12000120133.

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:

4524 GUN CLUB RD, SUITE 104, WEST PALM BEACH, FL 33415

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

4524 GUN CLUB ROAD, SUITE 104, WEST PALM BEACH, FL 33415

(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

_____, Florida _____
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 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|--------------------------------|--|
| MGR | PSI PROPERTIES | 4524 GUN CLUB ROAD, SUITE 104 | <input type="checkbox"/> Add |
| | | WEST PALM BEACH, FLORIDA 33415 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | RONY JEAN | 4524 GUN CLUB ROAD, SUITE 104 | <input checked="" type="checkbox"/> Add |
| | | WEST PALM BEACH, FL 33415 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Change |

18 - 11-24

(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)

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

8/31/20

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of _____
Pierre St-Jean

Typed or printed name of signee