

L13000099778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

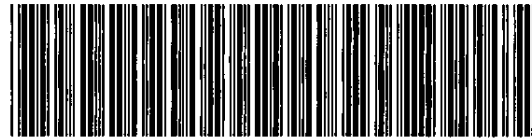
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STATE OF CALIFORNIA
DEPARTMENT OF REVENUE
FILING OFFICE

2013 SEP 30 PM 2:00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CDP AFFORDABLE HOUSING, 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:

Thomas V. Eagan

Name of Person

Squire Sanders (US) LLP, 200 S. Biscayne Blvd, Miami Attorney

Firm/Company

200 So. Biscayne Blvd, 41st Floor

Address

Miami, Florida 33131

City/State and Zip Code

thomas.eagan@squiresanders.com

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

For further information concerning this matter, please call:

Thomas V. Eagan

Name of Person

at (305) 577-2814

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

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**

CDP Affordable Housing, 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 _____ and assigned Florida document number L13000099778.

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 end with 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)

FILED	2018 SEP 30 PM 2 01	REC'D
FILED		REC'D
FILED		REC'D
FILED		REC'D

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

_____, 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>James R. Watson</u>	<u>200 So. Biscayne Boulevard</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 4000</u>	<input type="checkbox"/> Remove
		<u>Miami, Florida 33131</u>	
<u>MGR</u>	<u>Thomas V. Eagan</u>	<u>200 So. Biscayne Boulevard</u>	<input type="checkbox"/> Add
		<u>41st Floor</u>	<input checked="" type="checkbox"/> Remove
		<u>Miami, Florida 33131</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 CLERK OF DISTRICT COURT
 MIAMI, FLORIDA

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

Four horizontal lines for amending information.

Dated September 24 2013

Thomas V. Eagan Authorized Representative
Signature of a member or authorized representative of a member

Thomas V. Eagan

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA