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COVER LETTER

TO: Registration Section
Division of Corporations

OKALOOSA HOUSING, 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:

John S. Mead

Name of Person

Mead Law Firm

Firm/Company

24 Walter Martin Rd NE Ste 201

Address

Fort Walton Beach, FL 32548

City/State and Zip Code

John@MeadLawFirm.com

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

For further information concerning this matter, please call:

John S. Mead

_.850,243-3135

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

☐S55.00 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

OKALOOSA HOUSING, LLC (Name of the Limited Liab) (A Florid	lity Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L13000116405		
This amendment is submitted to amend the following	;:	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		27 S T
(Principal office address MUST BE A STREET AD	DDRESS)	MASS TO THE PROPERTY OF THE PR
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office a		ords, enter the name of the new
Name of New Registered Agent:	·	A
New Registered Office Address:	Enter Flori	ida street address
	inter i tori	
	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 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>	Name	Address <u>T</u>	ype of A	Action
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		Ft Walton Bch FL 32548		lemov e
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if no	cessary.)	
October 2013		
Signature of a member of authorized representative of a member Frederick S. Meyer		
Typed or printed name of signee		
Page 3 of 3		
Filing Fee: \$25.00	2013 OCT 11 PM 23 36	