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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alpha Housing Redevelopment 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:

Gwendolyn Baez
Name of Person
Alpha Housing Redevelopment LLC
Firm/Company
one Financial Plaza Suite 2010
Address
Fort Lauderdale, FL 33394
City/State and Zip Code
Wendyba@homefreeusa.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gwendolyn Baez at (561) 509-0900
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 ☐ \$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

Alpha Housing Redevelopment LLC
(Name of the Limited Liability Company, or its parent company, owner)

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

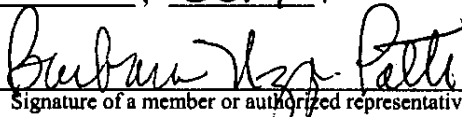
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Barbara A Uzzi-Patti	one Financial Plaza Suite 2010 Ft. Lauderdale, FL 33394	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	James Griffin	one Financial Plaza Suite 2010 Ft. Lauderdale, FL 33394	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	HOME FREE USA	3401 A East West Highway Hyattsville, MD 20781	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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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 _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 7, 2014.



Signature of a member or authorized representative of a member

Barbara Uzzi-Patti

Typed or printed name of signee

14/03/13 PM 05:52
STATE OF FLORIDA
TALLAHASSEE