## L140000 35682

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J. SHEVERS MAR 1 A 2014

## **COVER LETTER**

UBJECT: Alpha Housing Redevelopment LLC Name of Limited Liability Company
ne enclosed Articles of Amendment and fee(s) are submitted for filing.  ease return all correspondence concerning this matter to the following:
Gwendolyn Bacz Name of Person  Alpha Housing Redevelopment LLC
one Financial Plaza Suite 2010
Fort Lauderdale FL 33394  City/State and Zip Code  Wendyb@hornefreeUSa Org  It-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Name of Person at 561 509-0900  Area Code Daytime Telephone Number
nclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  \$55.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alpha Housing Redevelopm	rent LLC
(Name of the Limited Liability Company as it (A Florida Limited Liability	Company)
The Articles of Organization for this Limited Liability Company were f	iled on 3/38/14 and assigned
Florida document number <u>L14000035082</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
	<del></del>
The new name must be distinguishable and end with the words "Limited Liability Co.	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	C. S
	Er F
	25.5
Enter new mailing address, if applicable:	$\widetilde{\mathcal{U}}$ $\overline{\omega}$
(Mailing address MAY BE A POST OFFICE BOX)	जिंद हु
	<u> </u>
	<b>197 17</b>
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	ddress on our records, enter the name of the no
Table to said the new season of the address note.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Cit	

## 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 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 Title Address **Type of Action** Name Barbara A Uzzi-Patti AMBR One Financial Plaza Suite2010 Add Ft. Laudadate FL33394 Remove James Griffin Ono Financial Plaza Suite 2010 11 Add AMBR Ft. Landerdale, FL 33394 Remove HOMEFREE USA AMBR\_ 3401 A East West Highway - XAdd Hyattsvile, mD 20781 Remove □ Remove ☐ Add ☐ Remove □ Add ☐ Remove

Effective date, if other than the date of filing		
ne effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)		
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	han the date of filing (opening, cannot be prior to date of receipt or filed date and cannot be more than 90 da	otional) ys after
, <u>2019</u>	by the Florida Department of State)	
Gulan Von tall	by the Florida Department of State)	
Signature of a member or authorized representative of a member	by the Florida Department of State)  7. 2014.  Gulffur Usa Falli	
Barbaga Uzzi-Patti	by the Florida Department of State)  7. 2014.  Buttur Ush Falli	

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Filing Fee: \$25.00