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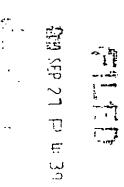
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Office Use Only



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11. ~-

COVER LETTER

SUBJECT:	FFORDABLE HOUSING	OF HOMESTEAD, LLC			
		Name of Limited Liability (Company		
The enclosed	Articles of Amendment and	fee(s) are submitted for fill	ng.		
Please return a	Il correspondence concerni	ing this matter to the follow	ing:		
	Joseph Lents	s			
		Name o	of Person		
	Affordable I	Housing of Homestead, LLC	2		
		Firm/C	ompany		
	330 NW 67t	h Street, #104			
		Ado	iress		
	Boca Raton				
	Florida 3348		nd Zip Code		
		-mail address: (to be used for	future annual report notific	cation)	
For further inf	ormation concerning this m	natter, please call:		•	
Joseph Lents		56 at (929-2266		21
	Name of Person		ea Code Daytime	Telephone Number	
Enclosed is a c	heck for the following amo	ount;		3.	₩ 39
□ \$25.00 Fil	ing Fee ■ \$30,00 Fili	ing Fee & S55.00 te of Status Certif	Filing Fee & ied Copy onal copy is enclosed)	Certified C	of Status &

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

AFFORDABLE HOUSING OF HOMESTEAD, 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 July 16, 2015 and assigned Florida document number L15000122505 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: (Principal office address MUST BE A STREET ADDRESS) 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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Lome Wray	11419 W. Palmetto Park Rd, #970102	■ Add
		BOCA Raton, Florida 33497	
•			Remove
			Change
AMBR	Cira Vega	231 Deer Run Miami Springs, Florida 33166	■ Add
			Remove
			☐ Change
AMBR	Silva Alexandrov	330 NW 67th Street, #104 Boca Raton, Florida 33487	
			☐ Remove
			Add
		.	Remove
		<u>:</u>	Change
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September 26, 2018			, h
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ote: If the date inserted in this block does not meet the applicable statutory filing require	oments, this date v	will not b	to 605.02 e listed
ocument's effective date on the Department of State's records.			
e record specifies a delayed effective date, but not an effective time, a	t 12:01 a.m. o	on the e	earlier
The 90th day after the record is filed.			
September 26 2018			
ated			
Signature of a member or authorized representative of a mem	nber		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00