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To:

■ Page 2,515

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090 Phone

: (305)358-1310

Fax Number

: (305)503-6701

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: 2000 8720 09

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Help

ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION

2024-09-09 19 22:28 GMT



From Andres Rodrigu

LOCAL HOUSING LLC

OF

(Name of the Limited Linbility 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 _____07/28/2015_and assigned Florida document number L15000128465. 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: R&P ACCOUNTING & TAXES INC Name of New Registered Agent: 150 SE 2ND AVE STE 404 New Registered Office Address: Enter Florida street address _____, Florida 33131 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 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

MGR = Manager AMBR = Authorized Member

To:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
OWNER	RICK D HOSKINS	1 SE 3 ND AVE STE 2220 MIAMI, FL 33131	REMOVE
AMBR	MICHAEL ALLENBERG	1 SE 3 RD AVE STE 2220 MIAMI, FL 33131	CHANGE



From Andres Rodriguez

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

2024-09-09 19:22:28 GMT



E. Effective date, if other than the date of filing (If an effective date is listed, the date must be specific and Note: If the date inserted in this block does not a document's effective date on the Department of S	d cannot be prior to date of filing or meet the applicable statutory fil	(optional) more than 90 days after fitting.) Pursuant to 605,0207 (3)(b) ing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not record is filed.	t an effective time, at 12:01 a.m	n. on the earlier of: (b) The 90th day after the
Dated SEPTEMBER 9, 2024	Ma	
Signature of a	member or authorized representati	ve of a member
	MICHAEL ALLENBERG	

Typed or printed name of signee