

C15000 177559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

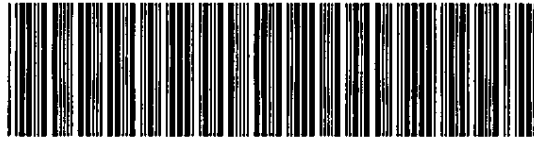
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600278602326

10/30/15--01028--005 **25.00

FILED
15 NOV - 2 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV - 3 2015

J SHIVERS

JACK LEVINE, P.A.
Certified Public Accountants
3050 Biscayne Blvd Suite#302
Miami, Florida 33137
Telephone (305) 912-0085
Telefax (305) 675-5970
E-MAIL: JL@jacklevinecpa.com

October 29, 2015

FEDEX
7748 5737 4837

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Articles of Amendment to Articles of Incorporation

Dear Sir or Madam:

Enclosed please find an Articles of Amendment to Articles of Incorporation for **Emergency Housing Relief, LLC**. Also enclosed is Check#11014 in the amount of \$25.00 for the filing fee. Please stamp and return a copy in the enclosed self-addressed envelope.

Thanking you in advance for your cooperation.

Sincerely,

Jack Levine, CPA
JACK LEVINE, PA, CPA'S
CERTIFIED PUBLIC ACCOUNTANTS

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Emergency Housing Relief, 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:

Jack Levine, CPA

Name of Person

Jack Levine, PA

Firm/Company

3050 Biscayne Blvd Suite#300

Address

Miami, Florida 33137

City/State and Zip Code

JL@jacklevinecpa.com

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

For further information concerning this matter, please call:

Jack Levine, CPA

Name of Person

at **305 912-0085**

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Emergency Housing Relief, 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 October 19, 2015 and assigned
Florida document number L15000177559

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 end with 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)

1835 NE Miami Gardens Drive

Suite#537

Miami, Florida 33179

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1835 NE Miami Gardens Drive

Suite#537

Miami, Florida 33179

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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

FILED
15 NOV - 2 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

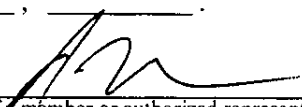
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Henshi Newman	725 NE 173 Terrace	<input type="checkbox"/> Add
		North Miami Beach, Fl 33162	<input checked="" type="checkbox"/> Remove
AMBR	Roni Elgazar	11352 W. State Road 84	<input checked="" type="checkbox"/> Add
		Suite#37	<input type="checkbox"/> Remove
		Davie, Florida 33325	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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: October 19, 2015 (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 October 23, 2015



Signature of a member or authorized representative of a member

Abraham Newman

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
15 NOV - 2 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA