1160000 57423

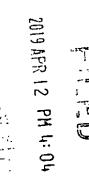
(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing (Officer:
Certified Copies	Certificates of Status

Office Use Only



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C. GOLDEN APR 2.2 2019

COVER LETTER

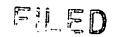
TO: Registration S Division of Co			
SUBJECT: HGRC H	OUSING, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	nitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MENDI V. RIGGINS		
		Name of Person	
	HGRC HOUSING, LLC		
		Firm/Company	
	3401 POWERLINE ROAD	o, STE. 200	
		Address	·
	OAKLAND PARK, FL 33.	309	
	MENDIR@HOPEANDGRA	City/State and Zip Code ACERECOVERY.COM	
	E-mail address: (t	o be used for future annual report notific	ation)
For further information	concerning this matter, please ca	11:	
MENDI RIGGINS		754 261-3338	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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



2019 APR 12 PM 4: 04

HGRC HOUSING, LLC	, , , , , ,
(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	rds.) 320.11
The Articles of Organization for this Limited Liability Company were filed on MARCH 17, 20 Florida document number L16000057423	and assigned
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 "LL	.C" 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 record registered agent and/or the new registered office address here:	ds, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street addr	CSS

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
MGR	STERLING KEVIN YATES	410 EVERNIA STREET, #727 WEST PALM BEACH, FL 33401	Add
			□ Remove
	HOPE & GRACE RECOVERY		Change
MGR	CENTER, LLC		
			🗆 Remove
		3401 POWERLINE RD, STE. 200 OAKLAND PARK, FL 33309	■ Change
			D Add
			🗆 Remove
		 	Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
····			
			Remove
		· · · · · · · · · · · · · · · · · · ·	Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<u>le:</u>	re date, if other than the date of filing:
reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ed_	
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00