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COVER LETTER

Division of C	Corporations		
South SI	nore Housing, LLC		
sonjeci.	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Miguel A. Rodriguez		
		Name of Person	
	South Shore Housing, LLC		
		Firm/Company	
	108 Colson Rd		
		Address	
	Plant City, FL 33567		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	miguelrdz1966mr@gmail.c		
	li-mail address: (to be used for future annual report notif	ication)
For further informatio	n concerning this matter, please ca	all:	
Miguel A. Rodriguez		813 927-5721 at ()	
Nam	e of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	or 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

MAILING ADDRESS:

TO:

Registration Section

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

South Shore Housing, LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears of Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	06/03/2016	and assigned
Florida document numberL16000108411			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here	:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			SEOR ISLOR
			1 08 m
Enter new mailing address, if applicable:			Y OF S CORPO
(Mailing address MAY BE A POST OFFICE BOX)			5: 47 AT 150
			9 3
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here. Name of New Registered Agent:		our records, <u>enter</u>	the name of the
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	7: 0
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	-		

If Changing Registered Agent, Signature of New 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 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	Miguel Angel Rodriguez JR.	108 Colson Rd	Add
	1	Plant City, FL 33567	Remove
		 	☐ Change
MGR	Miguel A. Rodriguez	108 Colson Rd	Add
		Plant City, FL 33567	☐ Remove
			Change
			□ Remove
			☐ Change
			Add
			☐ Remove
			□ Change
			Add
			□ Remove
			☐ Change
			Remove
			☐ Change

If amend	ling any other information,	enter change(s) here: (Attach additional shee	ets, if necessary.)	
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lfan effectiv <u>Note:</u> If t	date, if other than the date we date is listed, the date must be sphe date inserted in this block d's effective date on the Departs	pecific and cannot be prior to de oes not meet the applicable	ate of filing or more than 90	(optional) days after filing.) Pursuant to ments, this date will not be	o 605.0207 c listed as
ne record The 90	d specifies a delayed effo th day after the record i	ective date, but not ar s filed.	n effective time, at	12:01 a.m. on the e	arlier of
Dated	07/30/2018	12:01 a.m.			
	My Signe	ture of a member or authorized	d representative of a memb	DCT	_
	V	Miguel Angel Ro	odriguez Jr.		
		Typed or printed na	me of signee		

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Filing Fee: \$25.00