

46000189852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

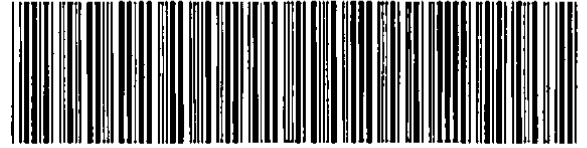
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100332835231

08/09/18 01017--014 \$55.00

2018 SEP 10 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

SEP 10 2018

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Housing for Urban Communities 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:

Mrs. Marcia Davis

\_\_\_\_\_  
Name of Person

The Housing Authority of the City of Fort Myers

\_\_\_\_\_  
Firm/Company

4224 Renaissance Preserve Way

\_\_\_\_\_  
Address

Fort Myers, FL 33916

\_\_\_\_\_  
City/State and Zip Code

marcia@hacfm.org

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

For further information concerning this matter, please call:

Marcia Davis

239

344-3222

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 14, 2019

MARCIS DAVIS  
4224 RENAISSANCE PRESERVE WAY  
FT MYERS, FL 33916

SUBJECT: HOUSING FOR URBAN COMMUNITIES, LLC  
Ref. Number: L16000189852

We have received your document for HOUSING FOR URBAN COMMUNITIES, LLC and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You can not change managers and members on a registered agent change form. You will need to file Articles of Amendment for a LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 119A00016758

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Housing for Urban Communities LLC

FILED

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

2013 SEP 10 PM 39

The Articles of Organization for this Limited Liability Company were filed on 10/13/2016 and assigned  
Florida document number L16000189852 CLERK OF STATE  
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The name of the Limited Liability Company remains the same

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:**

Remains the same

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

Remains the same

(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 registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Marcia Davis

New Registered Office Address:

4224 Renaissance Preserve Way

*Enter Florida street address*

Fort Myers

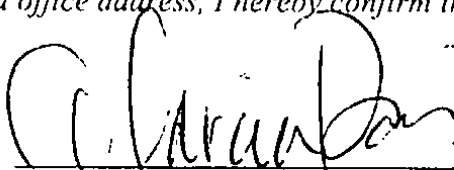
*City*

, Florida 33990

*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 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	Marcia Davis	4224 Renaissance Preserve Way Fort Myers, FL 33916	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	Marcus Goodson		<input type="checkbox"/> Add
		4224 Renaissance Preserve Way Fort Myers, FL 33916	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 27th 2019

  
Signature of a member or author

Signature of a member or authorized representative of a member

Mrs. Marcia Davis

Typed or printed name of signee