

L17000052337
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170002810743)))



H170002810743ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6393

From: Account Name : SAXON, GILMORE, CAPRAWAY, GIBBONS, LASH & WILCOX, P.A.
Account Number : 120039000134
Phone : (813)314-4500
Fax Number : (813)314-4555

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SHA CARISBROOKE TERRACE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

2017 OCT 25 AM 9:43

17-OCT-25 AM 8:40
DIVISION OF CORP. STATE

FILED

Electronic Filing Menu

Corporate Filing Menu

OCT 2017
Help

H17000281074 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SEA CARISBROOKE TERRACE, 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 3/6/2017 and assigned
Florida document number L1700052337

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 office 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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

H17000281074 3

Page 1 of 3

FILED
17-OCT-25 AM 8:40

H17000281074 3

If attending 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

Title	Name	Address	Type of Action
MGR	Housing Authority of the City of Sanford, Florida	1212 WEST 12TH STREET SANFORD, FL 32771	☒ Add ☐ Remove ☐ Change
AMBR	Housing Authority of the City of Sanford, Florida	1213 WEST 12TH STREET SANFORD, FL 32771	☐ Add ☒ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

FILED

17 OCT 25 AM 8:40

Oct. 25, 2017 9:31AM

No. 0145

P. 5/5

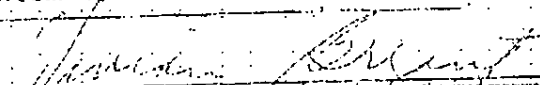
H17000281074 3

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: _____ *(optional)*
(If an effective date is listed, the date must be specified and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated OCTOBER 23 2017



Signature of a member or authorized representative of a member

VIVIAN BRYANT, PRESIDENT/CEO OF HOUSING AUTHORITY OF THE CITY OF SANFORD, FL

Typed or printed name of signer

H17000281074 3

Page 3 of 3

Filing Fee: \$25.00

FILED
17-OCT-25 AM 8:40