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Division of Corporations

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BRENNAN, MANNA & DIAMOND,

Account Number : I20040000104 Phone : (904)366-1500 : (904)366-1501 Fax Number

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

accorder @ omapl.com Email Address:

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 IAVF WINDY CITY PARKSIDE I (Name of the Limited Liability Co) (A Florida Limit	LC	
(A Florida Limit	ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on <u>03/27/2017</u>	and assigned
Florida document number <u>L17000069645</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ALL.
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		Sign
		Engr _S ≥ O
Enter new mailing address, if applicable:		70-1
(Mailing address MAY BE A POST OFFICE BOX)		1. 1E RIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address between the property of the new registered.	office address on our records, <u>en</u> tere:	ter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	•

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

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

9043661501

<u>Title</u>	Name	Address	Type of Action
MGR	INVEST IN AMERICA'S	4820 Leonard Street	Add
	VETERANS FOUNDATION, INC.	Cape Coral, Florida 33904	☐ Remove
			Change
AMBR	BETTER HOUSING FOUNDATION	5701 Tynecastle Loop	\sqrt{\sqrt{Add}}
		Dublin, Ohio 43016	□ Remove
			☐ Change
			🗀 Add
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Effective date, if If an effective date is Note: If the date is document's effective	other than the da listed, the date must be userted in this block we date on the Depa	te of filing: specific and canno does not meet th atment of State's	nt be prior to date on the applicable state records.	filing or more than 90 utory filing requiren	(optional) days after filing.) Pursi ents, this date will n	uant to 605.020 tot be listed a)7 (is t
he record speci The 90th day	fies a delayed e after the record	ffective date, i is filed.	but not an ef	fective time, at	12:01 a.m. on t	ne earlier (of;
Dated <u>October</u>	6	, _20	017				
	Sign	mature of a membe	er or authorized rep	nesentative of a memb	er		
		Andr	rew C. Bolend d or printed name of	er, Esq.	,		

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