## 117000217/16

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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NOW OF THE REPORT

## **COVER LETTER**

Dįv	ision of Cor	porations		
SUBJECT:	US BUSIN	ESS LLC		
зовакст.	<del></del>	Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		ANALIA VIRTO		
			Name of Person	
			Firm/Company	
		1648 BLUE JAY CIR		
			Address	
		WESTON, FL, 33327		
		analiavirto@hotmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For further in	nformation c	oncerning this matter, please co	all:	
ANALIA V			305 909-5037	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
<b>■</b> \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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**

US BUSINESS LLC	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on 10/19/2017 and assigned
Florida document number L17000217116	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
AFFORDABLE HOUSING LLC	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	(n)
(Principal office address MUST BE A STREET ADDRESS)	
	* & :
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ن مان
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B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code

Thereby 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 = M AMBR = A	lanager Authorjzed Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
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f an effective	date is listed, the date must b	e specific an	d cannot be	prior to da	e of filing or	more than 9	0 days after:	filing.) Pursi	uant to <b>6</b> 03	5.0207
	e date inserted in this bloc effective date on the Dep				statutory fili	ng require	ments, this	date will n	ot be list	led as
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e record	specifies a delayed e	ffective	date. bu	t not an	effective	time, at	12:01 a	.m. on th	1e earli	er of
The 90t	h day after the recor	d is filed.					12,51 0			_, <b>_</b> ,
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Filing Fee: \$25.00