(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO:

то:	Registration Se Division of Cor			
	WRIGHT 1	FAMILY MANAGEMENT LL	C	
SUBJE	C1:	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		BART HOUSTON		
			Name of Person	
		HOUSTON FIRM, P.A.		
			Firm/Company	
		1301 E BROWARD BLVI	D., SUITE 100	
			Address	
		FT, LAUDERDALE, FL 3	3301	
		BHOUSTON@THLGLAW	City/State and Zip Code .COM	
		E-mail address: (to be used for future annual report notific	cation)
For furt	her information of	concerning this matter, please ea	all:	
DEBBI	E SCHENA		954 900-2615	
•	Name (of Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for t	the following amount:		
		□ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisi	ANG ADDRESS: cration Section on of Corporations Box 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	

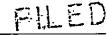
Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WRIGHT FAMILY MANAGEMENT LLC



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

	10/26/2017	5013 NOA -8 Y 8-84
The Articles of Organization for this Limited Liability Company w	ere filed on 10/20/2017	and assigned
Florida document number L17000222478		and assigned SECRETARY OF LORIDA'
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
House at 1109 SE 11th St., LLC		
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:		
(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 offi registered agent and/or the new registered office address here:		ords, enter the name of the new
registered agent and/or the new registered office address here.		
Name of New Registered Agent:		
name of New Registered Agent.	-	-
New Registered Office Address:	Enter Florida street c	
	City	Florida Zip Code
No. 10 March 14 and 15 March 15 Declared Access	СŴ	z.q. Cow
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance of my dutie ovided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is
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 $AMBR = A$	Ianager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			_ _ _ _ _ _ \Add
			☐ Remove
			□ Change
			□ Add
			□ Remove
			Change
			Add
			Remove
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			□ Remove
			Change
			□ Remove
			☐ Change
			Remove
			☐ Change

	
	
	
Effective date, if other than the date of filing:	suant to 605.0207 not be listed as
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on to The 90th day after the record is filed.	he earlier of
Dated	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00