	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.
	(((H18000340272 3)))
	H180003402723ABC.
	Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
	To: Division o: Corporations Fax Number : (850)617-6383
	From: Account Name : SAXON GILMORE NON-TRUST FUNDS Account Number : I20180003023 Phone : (813)314-4551 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: FLCORP SAKDNGUMOVE, COM
	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHA WINCHESTER PLACE, LLC
52	Certificate of Status 0
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Electronic Filing Menu

Corporate Filing Menu

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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHA WINCHESTER PLACE, LLC	DAY AS IL DOW RUPEALS ON OUT records.)	
(Name of the Limited Classify Control (A Florida Limited	any #5 it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000229349</u>	y ware filed on <u>11/6/2017</u>	and assigned
This amondment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	he 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	office address on our records, e	ater the name of the
B. If amending the registered agent and/or registered agent and/or the new registered office address h	<u>ere</u> :	0710A
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florie	
	, t t t t	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

Page 1 of 3

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H18000340272 3 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

Title	Name	Address	Type of Action
AMBR	Housing Authority of the City of Sanford, Florida	1213 West 13th Street	\ Add.
		Sanford, FL 32771	Ο Κοιπόνα
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effect	ive date, if other than the c	late of filing:			_(optional)	P
			e prior to date of fi	ling or more than 90	days after filing.) Pursuanting	695.0293 (6)(6)
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(b) Th	90th day after the reco	rd is riled.				2
		2018				
Dated	NOVEMBER 29		<u> </u>			
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	Marian	- Ken	ant			_
	-0	Signature of a member (authorized repre	sontative of a memb	¢r	
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			Page 3 of 3			

Filing Fee: \$25.00

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