L17000230446

(Requestor's Name)	
(Address)	9003276
(Address)	9003270
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	04/15/190
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TO: Re	egistration Sec ivision of Corp	ction porations	•	: Mease
SUBJECT	Essential Se	ervices Housing, LLC		ilturn
obole i	•	Name of Lin	nited Liability Company	Articles
The enclose	ed Articles of A	Amendment and fee(s) are sub	omitted for filing.	of Amendue
Please retur	n all correspor	ndence concerning this matter	to the following:	of Amendme in attached
		Patty Laine		Fed Ex
-			Name of Person	·
		Eastwind Development c/	o Essential Services, LLC	envelope
			Firm/Company	
		5604 PGA Blvd., Suite 10	9	Thank You!
		Palm Beach Gardens, FL	Address 33418	You!
			City/State and Zip Code	-
		plaine@eastwinddevgroup.		
		E-mail address: (to be used for future annual report notif	cation)
For further i	information co	ncerning this matter, please c	all:	
John Weir			561 370-6604 at ()	
	Name of	Person		Telephone Number
Enclosed is	a check for the	following amount:		
□ \$25.00 I	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: 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

Essential Services Housing, LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L17000230446</u>	Company were filed on November 7, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
Eastwind Madison Pointe SPC, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	. B
		77 77 77 77 77 77 77 77 77 77 77 77 77
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		エし
		· · · · · ·
		
B. If amending the registered agent and/or registered agent and/or the new registered office address.	tered office address on our records, <u>c</u> ress <u>here</u> :	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	ia
	City	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

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

<u>Title</u>	Name	Address	Type of Action
AMBR	Stephen S. Mathison	5606 PGA Blvd., Suite 211, Palm Beach Gardens, FL 33418	= Add
			□ Remove
-			Change
			
			Remove
			☐ Change
			Remove
			Change
			Add
			Remove
			Change
			☐ Remove
			Change
			□ Add
			Remove
			□ Change

			
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e: It the date inserted in th	the date of filing: must be specific and cannot be prior to is block does not meet the applicab ne Department of State's records.	date of filing or more than 90 date statutory filing requirement	(optional) sys after filing.) Pursuant to 605.020 nts, this date will not be listed a.
ne 90th day after the			
ed April 12,	Signature of a member or authori		
\wedge			

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Typed or printed name of signee

Filing Fee: \$25.00