

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L17000246603**

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(((H18000255831 3)))



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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : SAXON GILMORE NON-TRUST FUNDS  
Account Number : 120180000033  
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@SAXONGILMORE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

LHA TWIN LAKES III, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

2018 AUG 31 PM 12:35

FILED  
18 AUG 31 AM 10:58

SECTIONS  
SEP 2018

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LHA, Twin Lakes III, LLC

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

The Articles of Organization for this Limited Liability Company were filed on December 1, 2017 and assigned  
Florida document number L17000246603

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

Aug. 31. 2010 12:12PM

No. 159200-P. 331 333

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Lakeland-Polk Housing Corporation, Inc.	430 Hartsell Avenue Lakeland, FL 33815	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lakeland-Polk Housing Corporation	430 Hartsell Avenue Lakeland, FL 33815	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

No. 1592  
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18 AUG 31 1951  
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Benjamin Stevenson BENJAMIN STEVENSON

Typed or printed name of signer