

418000052808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

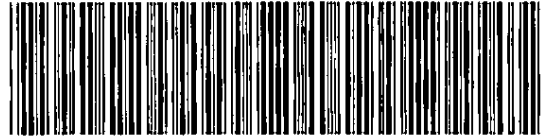
(Business Entity Name)

(Document Number)

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C. SIMMONS  
DEC 10 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 21, 2018

AIJALON CHAMBERS  
8311 TORRINGTON AVE  
TAMPA, FL 33647

SUBJECT: URBAN HOUSING IMPROVEMENT LLC  
Ref. Number: L18000052808

We have received your document for URBAN HOUSING IMPROVEMENT LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 918A00023932

2018 DEC 10 PM 2:53

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: URBAN HOUSING IMPROVEMENT LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AIJALON CHAMBERS

Name of Person

URBAN HOUSING IMPROVEMENT LLC

Firm/Company

8311 TORRINGTON AVE

Address

TAMPA, FLORIDA 33647

City/State and Zip Code

aijic123@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aijalon Chambers

813 394-6852 AC

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2018 OCT 29 PM 3:14

2018

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

URBAN HOUSING IMPROVEMENT 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 03/01/2018 and assigned  
Florida document number 118000052808.

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:

SHANTINI VERHOEF CHAMBERS

New Registered Office Address:

8311 TORRINGTON AVE

*Enter Florida street address*

TAMPA,


Florida 33647

*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> | <u>Name</u>                  | <u>Address</u>                        | <u>Type of Action</u>                   |
|--------------|------------------------------|---------------------------------------|---|
| AR           | SHANTINI VERHOEF<br>CHAMBERS | S311 TORRINGTON AVE<br>TAMPA 33647 FL | <input checked="" type="checkbox"/> Add |
|              |                              |                                       | <input type="checkbox"/> Remove         |
|              |                              |                                       | <input type="checkbox"/> Change         |
|              |                              |                                       | <input type="checkbox"/> Add            |
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 10/24/2018

  
Signature of a member or authorized representative of a member

## AJALON CHAMBERS

Typed or printed name of signee