

L18000085339

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

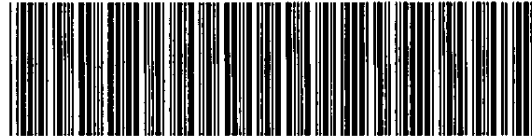
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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*4/18*

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 APR 18 PM 3:47

M. MILLIGAN

APR 20 2018

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AHDS Ocean King, 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:

Cheryl-Dene Spring

Name of Person

Sobi Law Group, PLLC

Firm/Company

7900 Nova Drive, 205

Address

Davie FL 33324

City/State and Zip Code

[cdspring@sobilaw.com](mailto:cdspring@sobilaw.com)

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

For further information concerning this matter, please call:

Daniel Charleton or Cheryl-Dene Spring      954      3808778  
Name of Person      at (      )      Daytime Telephone Number  
Area Code

Enclosed is a check for the following amount:

- \$25.00 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**

AHDS Ocean King, LLC

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

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DIVISION OF CORPORATIONS  
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The Articles of Organization for this Limited Liability Company were filed on 4/4/2018 and assigned Florida document number L18000085339.

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

\_\_\_\_\_, Florida \_\_\_\_\_  
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>
MGR	<del>Affordable Housing Development</del>	2828 CORAL WAY, SUITE 208	<input checked="" type="checkbox"/> Add
	Affordable Housing Development Services, LLC	Coral Gables, FL 33145	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHARLETON, DANIEL	2126 NW 75TH WAY	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GALAVIS, RODRIGO	2828 CORAL WAY, SUITE 208	<input type="checkbox"/> Add
		CORAL GABLES, FL 33145	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

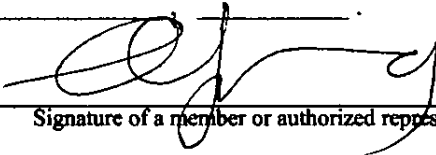
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

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.

Dated 4.17.18



Signature of a member or authorized representative of a member

CHERYL-DENE SPRING, COUNSEL

Typed or printed name of signee

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