118000 128 1089

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900333105009

08/22/19--01008--008 **25.0u

2019 AUG 22 AM 8: 09

Y SULKER AUG 3 0 2019

COVER LETTER

	legistration Sec Division of Cor			
SUBJECT	Habitat Dip	lomat, LLC		
	· ·	Name of Limi	ited Liability Company	
The enclos	sed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please reti	ırn all correspo	ndence concerning this matter	to the following:	
		John O'Donnell		
			Name of Person	<u>_</u>
		Habitat for Humanity of Le	ee & Hendry Counties, Inc.	
			Firm/Company	
		1288 N. Tamiami Trail		
			Address	
		North Fort Myers, FL 3390)3	
		i.h. Ob bin the control	City/State and Zip Code	
		johno@habitat4humanity.or E-mail address: (t	is to be used for future annual report notifi	cation)
For further	r information co	oncerning this matter, please ca	all:	
John O'Do	onnell		239 652-1671	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed i	s a check for th	e 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

Habitat Diplomat, LLC		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited I	Jiability Company were filed on	05/22/2018 and assigned
Florida document number L18000128689	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	THE THE
Enter new mailing address, if applicable:		22 [5]
(Mailing address MAY BE A POST OFFICE	E BOX)	
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the new
Name of New Registered Agent:	Rebecca S. Lucas	
New Registered Office Address:	1288 N. Tamiami Trail	
	Enter F	lorida street address
	North Fort Myers	, Florida 33903
	Cîţy	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, <u>Signature of New Registered Agent</u>

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	<u>Address</u>	Type of Action
<u> </u>	Katherine C. Green	1288 North Tamiami Trail	
		North Fort Myers, FL 33903	■ Remove
			□ Change
CEO	Rebecca S. Lucas	1288 North Tamiami Trail	Add
		North Fort Myers, FL 33903	Remove
			Change
P	Rick Mercer	1288 North Tamiami Trail	Add
		North Fort Myers, FL 33903	Remove
			Change
			☐ Remove
		·	Change
			Add
			☐ Remove
			☐ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□ Remove
			Change

					-
					-
					-
					-
	·				-
	 				-
	-				-
					-
					_
					_
					_
			-J		_
					_
		-		_	_
	_	<u></u>			_
Effective date, if other than the date of filing	;:		(optic	onal)	
If an effective date is listed, the date must be specific and Note: If the date inserted in this block does not in document's effective date on the Department of St	eet the applicable	uate of thing of more t	mai 70 days and	ring.) i madani to oo.	5,0207 (ted as t
ne record specifies a delayed effective d The 90th day after the record is filed.	ate, but not a	an effective time	e, at 12:01 a	i.m. on the earli	ier of
Dated August 20th	7019				
	nember or authoriz	ed representative of a	member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00