

L18000 192045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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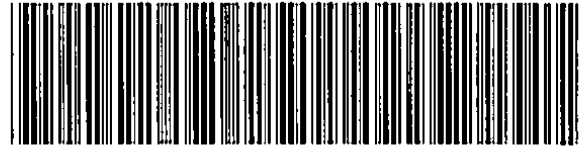
(Business Entity Name)

(Document Number)

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2019 FEB 25 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FL 32310

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Employee Housing Solutions LLC
Name of Limited Liability Company

2019 FEB 25 PM 12:51
SECRETARY'S OFFICE
TALLAHASSEE, FL 32301

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

Please return all correspondence concerning this matter to the following:

DONALD D. ANDERSON
Name of Person

EMPLOYEE HOUSING PROPERTIES LLC,
Firm/Company

P.O. Box 3424
Address

FORT MYERS, FL 33918
City/State and Zip Code

DONALDANDERSON001@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONALD D. ANDERSON at (330) 2193097
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee
PAID
- ☐ \$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

2019 FEB 25 PM 12:40

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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

2018 FEB 25 PM 12:51
SECRETARY
FILED
CLERK
OFFICE

The Articles of Organization for this Limited Liability Company were filed on Aug. 10, 2018 and assigned Florida document number L18000192045.

This amendment is submitted to amend the following:

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

Employee Housing Properties LLC
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)

P.O. Box 3424
Fort Myers, FL 33918

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: DONALD D. ANDERSON

New Registered Office Address: _____
Enter Florida street address

FORT MYERS, FL Florida 33918
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>
President	DONALD D. ANDERSON	P.O. Box 3424 Fort Myers	<input checked="" type="checkbox"/> Add
		16100 BAY POINT BLVD	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

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 2-21-19

DONALD D. ANDERSON
Typed or printed name of signee