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(Re	questor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor	porations		
	nbus Drive LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	William J. Podolsky, III		
		Name of Person	
•	Phelps Dunbar LLP		
		Firm/Company	.
	100 S. Ashley Drive, Ste 2	000	
		Address	
	Tampa, Florida 33602		
	wjp4343@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	ali:	
William J. Podolsky		813 5986201	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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

1516 Columbus Drive LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our record ted Liability Company)	ds.)
The Articles of Organization for this Limited Liability Comp.	any were filed on 12/24/18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
Ybor Hope Homes LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	')	.0
		<u> </u>
		6
Enter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BOX)		्र
		=1
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ls, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ec
	imer i ioraa sireel adare.	JJ.
		lorida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the affective date is listed, the date muster. If the date inserted in this bloomment's effective date on the Dominent's	ock does not meet the applicable	(option te of filing or more than 90 days after ti statutory filing requirements, this c	al) ling.) Pursuant to 605.02 ate will not be listed
record specifies a delayed the 90th day after the reco		effective time, at 12:01 a.	n. on the earlier
January 15	2019		
	1.001	1/2	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00