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COVER LETTER

Division of Corporations
SUBJECT: The Having League Homes LLC Name of Limited Liability Company
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:
Sandy Flick Name of Person
τ
Firm/Company
The Housing League, Inc. Firm/Company Address Address
Vero Blach, FL 32960 City/State and Zip Code
Sandy The housing leasure. Ov 9 H-mail address: (to be used for future annual report notification)
•
For further information concerning this matter, please call:
Dandy Flick au, 770, 321, 1314
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section

TO:

Registration Section

MAILING ADDRESS:Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Housing League Horses LLC

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

	0. 62.10
The Articles of Organization for this Limited Liability	Company were filed on Dir O3'17 and assigned
Florida document number <u>L1900005946</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The Housing League Home	imited Liability Company," the designation "LLC" or the abbreyintion "LLC."
The new name must be distinguishable and contain the words "L	imited 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 ADL	ORESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or reg	gistered office address on our records, enter the name of the new
registered agent and/or the new registered office ad	
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>	Type of Action
			□ Remove
			Change
		/	□ Remove
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ective date, if other than the date of filing:	(optional)
neffective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applicab	
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not	an offective time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	an effective time, at 12.01 a.m. on the earner v
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Filing Fee: \$25.00