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To:

Division of Corporations

Fax Number

: (850)617-6363

From:

Account Name : SAXON GILMORE NON-TRUST FUNDS

Account Number : I20180000023 Phone : (813)314-4551

Fax Number : (813)314-4555

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: FLCORP@SAXONGILMORE.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TAMPA HEIGHTS TERRACE, LLC

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## **COVER LETTER**

10:	Registration S Division of Co		•	
енти те		HEIGHTS TERRACE, LLC		
SUBJE	Ç1	Name of Lim	ited Liability Company	
The enc	losed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please r	etum all corresp	ondence concerning this matter	to the following:	
		BERNICE S. SAXON, ES	īQ.	
		<del></del>	Name of Person	
		SAXON GILMORE & CA	ARRAWAY, P.A.	
		<del> </del>	Firm/Company	<del></del>
		201 É. Kemiedy Blvd., Su	ite 600	
			Address	···· <u>···</u>
		Tampa, FL 33601		
			City/State and Zip Code	<del></del>
		FLCORP@SAXONGILMO	•	
		E-mail address: (	to be used for future annual repor	notification)
For furt	her information (	concerning this matter, please c	all:	•
Melody	Martiucz, Paral	egai	813 314-454	35
	Name (	of Person		ytime Telephone Number
Enclose	d is a check for t	he following amount:		
CI \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Division P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	Registration S Division of Co Clifton Buildi	rporations

(((H190000\$3432 31))

· Tallahessee, FL 32301



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tampa Heights Terrace, LLC				
Name of the United Liability Compu	any es it now appears on or Liability Company)	ir records,)		
The Articles of Organization for this Limited Liability Company Plorida document number L19000054897	were filed on February	25, 2019	and assig	ned
This amendment is submitted to amend the following:				
A. If amonding name, enter the new name of the limited liab	otlity company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designar	inn "LLC" or de el	breviation "L.L.	.C."
Enter new principal offices address, if applicable:	3901 North Boulevard	, Tampa, FL 336	03	
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	P.O. Box 291801, Tan	npa, FL 33687		
Melling address MAY BE A POST OFFICE BOX				<del></del>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		records, enter	the name o	I the ne
New Registered Office Address:	Enter Florida sun	et address	T.m.:	
		, Florida	等 多数	HAR
	City		Zio Çôdu	2
New Registered Agent's Signature, if changing Registered Agent:	_			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete occept the obligations of my position as registered agent as	performance of my di	ities, and I am j	familia? with	and

If Changing Registered Agent, Shanture of New Rosistered Accut

Page 1 of 3

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.

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MGR = Manager

AMBR = Authorized Member

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
MGR/ AMER	Erick Alin	3901 North Boulevard Tampa, FL 33603	
			☐ Remove
			☐ Change
AMBR	Maria Alin	3901 North Boulevard Tampa, FL 33603	bhA 🗁
			P Change
			□ Add
		<u></u>	D Rémove
	)	<u> </u>	☐ Change
			D Add
			Removo
			CO TO Add
			PH CONTROL OF THE CON
			∑
-			Add
			□ Reinove
			D Change

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Company shall be to acquire, develop, and manage affordable housing o	pportunities for low and
moderate income persons and/or families primarily located in, but not lit	nited to, Tampe, Florida,
and the surrounding cross.	
These Articles of Amendment were duly edopted by the members of the	Company,
	~ <del></del>
<del></del>	20 <b>18</b>
	<u>&gt;&gt; 3</u>
	ASSET
	[] P
	:-:
	<u> </u>
ctive date, if other than the date of filing:	(options)
effective date is listed, the date must be specific and cannot be prior to date of filing to If the date inserted in this block does not meet the applicable statutory?	or more than 90 days after filing.) Pursuant to 60:
ament's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective 90th day after the record is filed.	re time, at 12:01 a.m. on the earii
d March 8 2019	

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Typed or printed name of signice

(((T(19000063432 3)))

