# 119000111108

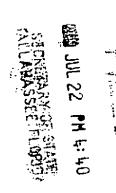
(Requestor's Name)
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## **COVER LETTER**

271.10	v. v. v. pv. 1	
SUBJECT:	SHLEY STREET CONTAINER APARTMENTS LLC	78 6
_	Name of Limited Liability Company	
The enclosed.	articles of Amendment and fee(s) are submitted for filing.	
Please return a	l correspondence concerning this matter to the following:	The state of the s
	ADAM RIGEL	
	Name of Person	
	HOOSE HOMES AND INVESTMENTS LLC	
Firm/Company 7563 PHILIPS HWY, BLDG 100, STE 208		
	7563 PHILIPS HWY, BLDG 100, STE 208	
	Address	
	JACKSONVILLE, FL 32256	
	City/State and Zip Code	
	adam@jwbcompanies.com	
	E-mail address: (to be used for future annual report notification)	
For further inf	ormation concerning this matter, please call:	
ADAM RIGE		
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a	heck for the following amount:	
■ \$25.00 Fil	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &

MAILING ADDRESS:

Registration Section

**Division of Corporations** 

TO:

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**

### ASHLEY STREET CONTAINER APARTMENTS LLC

ARTICLES OF	ORGANIZATION	
	OF	
		The Market State of the State o
ASHLEY STREET CONTAINER APARTMENTS	S LLC	
( <u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records ted Liability Company)	and assigned
e Articles of Organization for this Limited Liability Compa	ony were filed on 4/23/2019	and assigned
orida document number L19000111108		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	iability company here:	
SHLEY STREET CONTAINER LOFTS, LLC		
ne new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
		,
<u>Principal office address MUST BE A STREET ADDRESS)</u>	<u> </u>	
		·
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		
-		
	-	
. If amending the registered agent and/or registered	l affice address on our records	anter the name of the new
egistered agent and/or the new registered office address h		, enter the name of the new
	<del>_</del>	
Name of New Registered Agent:		
Hame of New Registered Figure.		
New Registered Office Address:		
	Enter Florida street address	,
	, Flo	orida
	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

	g Authorized Person(s) au <u>l from our records</u> :	thorized to manage, enter the title, name, a	nd address of each person being adde
MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
		<del></del>	Remove
			Change
<del></del>			
			☐ Remove

		 Remove
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(If an effe Note:		(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (2 opticable statutory filing requirements, this date will not be listed as thords.
	cord specifies a delayed effective date, but 90th day after the record is filed.	t not an effective time, at 12:01 a.m. on the earlier of:
Dated _	July 17. 20	219.
	$\mathcal{A}(\mathcal{A})$	

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Typed or printed name of signee

Filing Fee: \$25.00