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### **COVER LETTER**

Div	ision of Corp	porations		
CHD IEZT.		REFUGE OF FLORIDA, LLC		
SUBJE.C1.		Name of Limit	ted Liability Company	
The enclosed	i Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspor	idence concerning this matter t	o the following:	
		Barbara Battle		
		HOUSE OF REFUGE OF 1	Name of Person	
		HOUSE OF REPORT OF I	FLORIDA, ELC	
		2428 Palmdale Street	Firm/Company	
			Address	
		Jacksonville, Fl 32208		
		bbattle71@gmail.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notif	fication)
For further is	nformation co	oncerning this matter, please ca	ill:	
Barbara Bat	tle Name of		904 4723775 at ()	. Tolophung Number
	Name of	Person	Atea Code Dayting	e retephone is unioe.
Enclosed is	a check for th	e following amount:		
□ \$25.00 I	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed:	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations

TO:

Registration Section

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

HOUSE OF REFUGE OF FLORI	DA, LLC		ے.
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited I Florida document number L19000152736	Liability Company	were filed on June 10, 201	9 and assigned?
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
House of Refuge Transition House of Florida, LL	C		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	7815 Denham Road East	
(Principal office address MUST BE A STREE	ET ADDRESS)	Jacksonville, Florida 3220	)8
Enter new mailing address, if applicable:		7815 Denham Road East	
(Mailing address MAY BE A POST OFFICE	BON)	Jacksonville, Florida 3220	08
B. If amending the registered agent and registered agent and/or the new registered o			cords, enter the name of the n
Name of New Registered Agent:	Barbara Battle		
New Registered Office Address:	7815 Denham I	Road East	
	Enter Florida street address		
	Jacksonville		Florida <u>32208</u>
		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.

I 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> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
ritle M/A			Add
			Remove
			Change
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Effective date, if other tha	June 8, 2019  The date of filing: (optional)
If an effective date is listed, the da Note: If the date inserted in	the date of filing:
he record specifies a de The 90th day after th	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: erecord is filed.
Dated	2019
	Signature of a member or authorized representative of a member
Dankan Deed	-
Barbara Battle	Typed or printed name of signee

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Filing Fee: \$25.00