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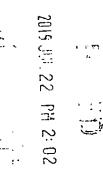
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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
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R. WHITE
JUL 3 C 2019

#### **COVER LETTER**

TO:	Registration Se Division of Cor			
eum u		ng, LLC		
SUBJI	ENL Housing, LLC  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:  Mireille Leon  Name of Person  Firm/Company  4149 Bismarck Palm Drive  Address  Tampa, FL 33610  City/State and Zip Code  Ilhousing 19@gmail.com  E-mail address: (to be used for future annual report notification)			
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Mireille Leon		
			Name of Person	
		4149 Bismarck Palm Drive	:	
		Tampa, FL 33610	Address	
		llhousing 19@gmail.com	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notif	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
Mircil	lc Leon		904 314-6737 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>\$</b> 2	5.00 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

2019 JUL 22 PM 2: 01

LNL Housing, LLC			
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our re ted Liability Company)	ccords.)	
he Articles of Organization for this Limited Liability Compa	any were filed on July 9, 2019	and assigned	
lorida document number L19000167014			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company here:		
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation	"LLC" or the abbreviation "L.L.C."	
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	2		
	<del> </del>		
nter new mailing address, if applicable:	<del></del>		
Mailing address MAY BE A POST OFFICE BOX)			
<ol> <li>If amending the registered agent and/or registered egistered agent and/or the new registered office address in</li> </ol>		cords, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
New Registered Office Address:	Enter Florida street a	ddress	
New Registered Office Address:		, Florida Zip Code	

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>	Name	Address	Type of Action
MGR	Mireille Leon	4149 Bismarck Palm Drive Tampa, Fl. 33610	
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			☐ Change
MGR	Wilson Lisca	1921 143rd Ave, Apt A Tampa, FL 33613	
			□ Remove
			☐ Change
			☐ Add
			□ Remove
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ective date, if other than th		July 8, 2019		(or	otional)	
n effective date is listed, the date mu	ist be specific and car			ore than 90 days a	fter filing.) Pursuant to	
te: If the date inserted in this be cument's effective date on the I	lock does not meet Jegartment of State	t the applicable's records	e statutory filin	g requirements, t	this date will not be l	isted a
direct s effective date of the t	repairment of State	. s rocpius.				
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record specifies a delaye he 90th day after the re		e, but not a	in effective i	ime, at 12:0.	1 a.m. on the ea	nier o
The Sour day diter the re-	Lord 15 med.					
July 19	2	2019				
ted July 19			•			
1 - 14	[ []					
MISTORIO	1 20974	,				
Mireille	Signature of a men	aber or authoriz	ed representative	of a member		

Page 3 of 3

Filing Fee: \$25.00