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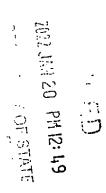
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A. RIVERS



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COVER LETTER

TO: Registration S Division of Co			
180 HHT I	LLC		
308JEC1,	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
	ondence concerning this matter		
	Julio C Madera		
		Name of Person	
	180 HIIT L.C.		
		Firm/Company	
	4118 Greenway Dr		
		Address	
	Jupiter FI 33458		
		City/State and Zip Code	
	jemadera.23@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Julio C Madera		561 667-1345	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 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 Addres Registration 5		Street Address:	ection
Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	7	The Centre of	Γallahassee
Tallahassee, l	-L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

180 HII1 LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on ^{07/29/2019}	and assigned
Florida document number L19000193196		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Metro City Housing, LLC		
The new name must be distinguishable and contain the words "Limited	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 ADDRES	SS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		1
<u> </u>		
		202
B. If amending the registered agent and/or registered of	ffice address on our records, enter the na	ıme of the new registere
agent and/or the new registered office address here:		
		20
Name of New Registered Agent:		THE THE
New Registered Office Address:		်က္ 😯
-	Enter Florida street address	12: 49
	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 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>	Address	Type of Action
			□Add
		-	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		• •	□Remove
			Change
		-	□Add
			Петюче
	<u> </u>		□Add
			Remove
			□Change
		• .	DAdd
			□Remove
			□Change

Please	e change name from 180 HIIT LLC to Metro City Housing LLC.	
Julio (C Madera remians the principal (managing member) of LLC.	·
<u> </u>		
		 .
		
ective da	ate, if other than the date of filing:	
effective o t e: If the	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Paradate inserted in this block does not meet the applicable statutory filing requirements, this date will effective date on the Department of State's records.	arsuant to 605,020 If not be fisted as
ord spec filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	0th day after the
Januar	ry 15th 2022	
ed _	————· <u> </u>	

Typed or printed name of signee