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| (Requestor's Name) (Address) (Address) | 700349504547 |
| (City/State/Zip/Phone #) | (<u>b., 15</u> 5. (t. [4]-−1)) |
| (Document Number) Certified Copies Certificates of Status | 2020 - 10 |
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| TO: | Registration Section |
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| | Division of Corporations |

PROPERTIES AND HOUSING LLC

SUBJECT:

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:

HUGO J. WEIGANDT

Name of Person

PROPERTIES AND HOUSING LLC

Firm/Company

600 CLEVELAND STREET, SUITE 223

Address

CLEARWATER, FL 33755

City/State and Zip Code

properties and housing @gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HUGO J WEIGANDT

Name of Person

727 656-6958 at (_____) Area Code Dayi

le Daytime Felephone Number

Enclosed is a check for the following amount:

■ \$25.00 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

| ARTICLES OF | AMENDMENT | TUE . |
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| ARTICLES OF C | ORGANIZATION | |
| 0 |)F | |
| | | |
| PROPERTIES AND HOUSING LLC | | بن |
| (<u>Name of the Limited Liability Compa</u> (A Fforsta Limited) | iny as it now appears on our records.) Liability Company) | 10 F. 12 |
| | | |
| The Articles of Organization for this Limited Liability Company | were filed on | and assigned |
| Florida document number L20000014727 | | |
| | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| | | |
| The new name must be distinguishable and contain the words "Limited Liabi | hty Company," the designation "LLC" or | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| | | |
| (Principal office address MUST BE A STREET ADDRESS) | | *************************************** |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
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| B. If amending the registered agent and/or registered o | ffice address on our records. 4 | enter the name of the new |
| registered agent and/or the new registered office address her | | |

Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida_

City

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Lotone

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

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| Title | <u>Name</u> MARISOL DEFINO | <u>Address</u> 1984 Elliot Dr | Type of Action |
|-------|-------------------------------|----------------------------------|----------------|
| MGR | | CLEARWATER, FL 33763 | Add |
| | | | □ Remove |
| MGR | AMIHY ALMOGY | 1984 ELLIOT DR | Add |
| | | CLEARWATER, FL 33763 | Remove |
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. * D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

| Dated | AUGUST 5 | 2020 | . A DAT | | | |
|---------|--|----------------------|--------------|--|--|--|
| i.xiied | | <u>,</u> | | | | |
| | Signature of a member or authorized representative of a member | | | | | |
| | HUGO J. WEIGANDT | | Ŋ | | | |
| | | lyped or printed nan | ie of signee | | | |

Page 3 of 3

Filing Fee: \$25.00