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	Registration Se Division of Cor				
CUDIEC		NA AFFORDABLE MANAC	GER LLC		
SUBJEC		Name of Lin	nited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		Jeffrey C Steinert			
			Name of Person		
		Jameson Pepple Cantu PL	LC		
Firm/Company					
801 2nd Avenue, Suite 700					
Address					
		Seattle, WA 98104			
			City/State and Zip Code		
		JSTEINERT@JPCLAW.C			
For furthe	r information c	E-mail address: (concerning this matter, please c	to be used for future annual repo all:	rt notification)	
Jeffrey C	Steinert		206 625-99	984	
	Name o	of Person	at () Area Code I	Daytime Telephone Number	
Enclosed	is a check for tl	he following amount:			
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration S		Street Addre Registratio		
	Division of C		Division o	f Co rp orations	
[P.O. Box 632	27	The Centre	e of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIMUQUANA AFFORDABLE MANAGI	ER LLC	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 1.20000055330	Company were filed on February 18, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		, CE
(Principal office address MUST BE A STREET ADD	<u>PRESS)</u>	122
		2
		PH
Enter new mailing address, if applicable:		5;
•		.: 5
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	·	ame of the new regist
agent and/or the new registered office address here	•	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Oner From Rai Sirver Chairess	
<u> </u>	, 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 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 acor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	51 AFFORDABLE LLC	5403 WEST GRAY STREET	□Add
		TAMPA, FL 33609	■ Remove
			□ Change
MGR	51T AFFORDABLE LLC	5403 WEST GRAY STREET	≣ Adä
		TAMPA, FL 33609	Remove
			□Change
VP	Stephen W. Page	1911 65th Avenue West	□Add
		Tacoma, WA 98466	■Remove
			□Change
			□Add
			Remove
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Note: 1							
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