L20000324856

(Re	equestor's Name)	-		
(Address)				
(Ad	ldress)			
. (Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





200355247582

11/16/20--01030--010 **25.00

SELIK TARY OF STATE INCIDENTIAL SELIK TARY OF STATE

brumo

p CHOUSE

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: CCHA SAN JUAN DIEGO, 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:

Kenneth K. Thompson Name of Person

Kenneth K. Thompson, P. A. Firm/Company

1150 Lee Boulevard, Suite 1A Address

Lehigh Acres, Fl 33936 City/State and Zip Code

Ken@kenthompson-lawoffice.con E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth K. Thompson

at(239)

369-5664

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

(X) \$25.00 Filing Fee () \$30.00 Filing Fee &

() \$55.00 Filing Fee &

()\$60.00 Filing Fee. Certificate of Status &

Certificate of Status Certified Copy

Certified Copy (additional copy is enclosed)

(additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CCHA SAN JUAN DIEGO, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 13, 2020, and assigned Florida document number L20000324856

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the w	, , ,	
Enter new principal offices address, if app	licable:	
(Principal office address MUST BE A STR	EET ADDRESS)	20 NOV
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFI	ICE BOX)	9: 00
B. If amending the registered agent and/or new registered agent and/or the new registered agent and/or the new registered.		cords, enter the name of the
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
		. 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 lam 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 A	uthorized Person(s) authorized t	o manage, <u>enter the title, name, and</u>	d address of each person	
being added				
	om our records:			
MGR = Man				
AMBR = Aut	horized Member			
Trial.	NT		The state of the s	
Title	Name	Address	Type of Action	
MGR/AMBR	COLLIER COUNTY	1800 FARM WORKER WAY	ADD	
	HOUSING AUTHORITY	IMMOKALEE, FL 34142		
D If amending	g any other information, enter c	hange(s) here: (Attach additional sh	heats if necessary \	
D. Hamendin	g any other mior mation, enter e	mange(s) neve. (, mac/, dada////mi s/	recar, y necessary.	
NONE				
E. Effective d	ate, if other than the date of fil	ing:	(optional)	
(If an effective	date is listed, the date must be spe-	cific and cannot be prior to date of fill	ing or more than 90 days after	
filing.) Pursuan	t to 605.0207 (3)(b) Note: If the	date inserted in this block does not m	eet the applicable statutory	
filing requireme	ents, this date will not be listed as i	the document's effective date on the D	Department of State's records.	
•	· · · · · · · · · · · · · · · · · · ·	t not an effective time, at 12:01 a.m. o	on the earlier of: (b) The 90th	
day after the rec	cord is filed.			
D-1-1-0-1-1	- 22 2020			
Dated Octobe	er 23, 2020.			
	11 %	11		
	-/leastle	12 Chomes or authorized representative of a mer		
	Signature of a member	or authorized representative of a mer	nher	
	Signature of a member	or additionized representative of a file	THOSE I	
Kenneth K. Thompson				
Typed or printed name of signee				

Filing Fee: \$25.00