

L20 000324 977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

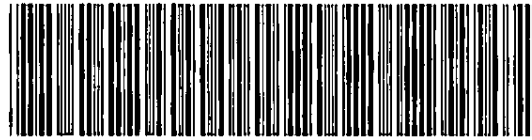
(Business Entity Name)

(Document Number)

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20 NOV 16 AM 9:00  
ALABAMA CORPORATION

Amend

DEC 21 2020

D CUCKING

**KENNETH K. THOMPSON**

*Attorney-at-Law*

1150 Lee Boulevard, Suite 1A

Lehigh Acres, Florida 33936

[ken@kenthompson-lawoffice.com](mailto:ken@kenthompson-lawoffice.com)

Phone: (239) 369-5664

Fax: (239) 369-8763

November 13, 2020

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

RE: **AMENDMENT TO ARTICLES OF ORGANIZATION OF  
CCHA DEVELOPER, LLC**  
filed on October 13, 2020  
Florida document number L20000324856

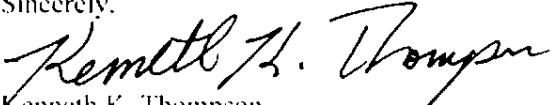
**AMENDMENT TO ARTICLES OF ORGANIZATION OF  
CCHA SAN JUAN DIEGO, LLC**  
filed on October 13, 2020  
assigned Florida document number L20000324877

Dear Sir and/or Madame

Please find enclosed the following items:

1. Cover Letter and **AMENDMENT TO ARTICLES OF ORGANIZATION OF  
CCHA DEVELOPER, LLC**, the original Articles of Organization were filed on October 13, 2020  
and assigned Florida document number L20000324856.
2. My office check in the amount of \$25.00 for the filing fee for the amendment, for CCHA  
Developer, LLC.
3. 1. Cover Letter and **AMENDMENT TO ARTICLES OF ORGANIZATION OF  
CCHA SAN JUAN DIEGO, LLC**, the original Articles of Organization were filed on October 13,  
2020 and assigned Florida document number L20000324877.
4. My separate office check in the amount of \$25.00 for the filing fee for the amendment, for CCHA  
San Juan Diego, LLC.

Sincerely,

  
Kenneth K. Thompson

/kkt

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
20 NOV 16 AM 9:00

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **CCHA DEVELOPER, 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.com  
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 & 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)
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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 DEVELOPER, 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 L2000032486

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 words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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 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

Title	Name	Address	Type of Action
MGR/AMBR	COLLIER COUNTY HOUSING AUTHORITY	1800 FARM WORKER WAY IMMOKALEE, FL 34142	ADD

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NONE

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 October 23, 2020.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Kenneth K. Thompson  
Typed or printed name of signee

Filing Fee: \$25.00