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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

ACCOUNT Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : I20060000135 : (305)789-3200 Phone Fax Number : (305)789-4137

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jburns@affiliateddevelopment.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AHIF GRAND LLC

| Certificate of Status | 0       |
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| Page Count            | 03      |
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Corporate Filing Menu

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AHIF GRAND LLC   |   |                        |
|--|---|------------------------|
| (Name of the Limited Liability Company 43 it n<br>(A Florida Limited Liability (   | ow sppears on our records.)<br>Company) |                        |
| The Articles of Organization for this Limited Liability Company were fil   | ed on 12/23/2020                        | and assigned           |
| Florida document number L20000394616   |   |                        |
| This amendment is submitted to amend the following:  |   |                        |
| A. If amending name, enter the new name of the limited liability con   | npany here:                             |                        |
|  |   | 202<br>134             |
| The new name must be distinguishable and contain the words "Limited Liability Compa  | any." the designation "LLC" or the a    | bbreviation "L.L.C."   |
|  | •                                       | S 6                    |
| Enter new principal offices address, if applicable:  |   | -,                     |
| (Principal office address MUST BE A STREET ADDRESS)  |   |                        |
| -  |   |                        |
|  |   | 35 cu -                |
| Enter new mailing address, if applicable:  | 7                                       | 59                     |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |                        |
|  |   |                        |
| B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here: | on our records, <u>enter the nam</u>    | te of the new register |
| 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

| <u>Title</u> | <u>Name</u>               | <u>Address</u>           | Type of Action |
|--------------|---------------------------|--------------------------|----------------|
| MGR          | Affiliated Housing Impact | 613 NW 3RD AVE.          | □Add           |
|              |                           | SUITE 104                | <del>-</del>   |
|              |                           | PT. LAUDERDALE, FL 33311 |                |
| AMBR         | Affiliated Housing Impact | 613 NW 3RD AVE.          | = Genauge      |
|              |                           | SUITE 104                | -              |
|              |                           | FT. LAUDERDALE, FL 33311 |                |
|              |                           |                          | □Add           |
|              |                           |                          | □Remove        |
|              |                           |                          | □ Change       |
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| ARTICLE V - MANAGEMENT   | ded as follows:            |   | <del></del>                         |
|--|----------------------------|---|-------------------------------------|
|  |                            |   | ·                                   |
| The Company shall be member-managed. The name and  | address of the member      | is:   | n=n                                 |
| Affiliated Housing Impact Fund, LP, 613 NW 3rd Avenu   | e, Suite 104, Ft. Lauden   | iale, FL 33311  |                                     |
| •  |                            |   |                                     |
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|  | ·                          | ·   |                                     |
| ctive date, if other than the date of filing:  Effective date is listed, the date must be specific and cannot be prior to  If the date inserted in this block does not meet the applicab ment's effective date on the Department of State's records. |                            | (optional) 90 days after filing.) ements, this date w | Pursuant to 60:<br>/ill not be list |
| ord specifies a delayed effective date, but not an effective time<br>filed.  | e, at 12:01 a.m. on the ea | ulier of: (b) The                                     | 90th day afte                       |
| August 31 2021   |                            |   |                                     |
|  |                            | ber   |                                     |