

L21000118153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

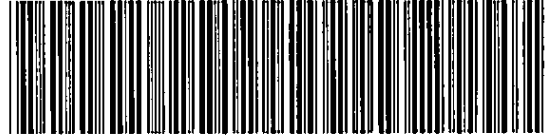
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32301
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F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 1200000000088

Date: 10/05/2021

Name: Eric Marcano

Reference #: 1493802

Entity Name: FFAH CARVER GARDENS LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25.00

Signature: Eric Marcano

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FFAH Carver Gardens, 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 03/22/2021 and assigned
Florida document number L21000118153.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

69 NW Newport Avenue

Suite 200

Bend, OR 97703

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

69 NW Newport Avenue

Suite 200

Bend, OR 97703

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---|------------------------|--|
| AMBR | FFAH Carver Gardens Member, LLC | 69 NW Newport Avenue | <input checked="" type="checkbox"/> Add |
| | | Suite 200 | <input type="checkbox"/> Remove |
| | | Bend, OR 97703 | <input type="checkbox"/> Change |
| AMBR | Foundation for Affordable Housing, Inc. | 384 Forest Avenue | <input type="checkbox"/> Add |
| | | Suite 14 | <input checked="" type="checkbox"/> Remove |
| | | Laguna Beach, CA 92651 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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[illegible]

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.

Dated October 4 2021

Handwritten signature

Darrin Willard

Filing Fee: \$25.00