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COVER LETTER

TO:

Tallahassee, FL 32314

	egistration Se ivision of Cor			
SUBJECT		IVE HOUSING PARTNERS,	LLC	
SUBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	m all correspo	ondence concerning this matter	to the following:	
		TAYLOR A PENN		
			Name of Person	
		INNOVATIVE HOUSING	PARTNERS, LLC	
		···	Firm/Company	
		3735 FRANKLIN RD, SU	ITE 253	
			Address	
		ROANOKE, VA 24016		
			City/State and Zip Code	
		TAYLOR@PARKSIDECA		
		E-mail address: (to be used for future annual report no	otification)
For further	information c	oncerning this matter, please ca	all:	
TAYLOR A PENN			540 915-6445	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne following amount:		
\$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)
	ailing Addres		Street Address:	
Registration Section Division of Corporations			Registration S Division of Co	
	O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INNOVATIVE HOUSING PARTNERS, LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were file	d on 04/05/2021 and assigned
Florida document number L21000157445	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	292
Principal office address MUST BE A STREET ADDRESS)	
	Y 2
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u> မြန်မ</u> မိ
3. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	n our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	
E	inter 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 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>	Address	Type of Action
AP	YOVANI GARCIA	3735 FRANKLIN RD, SUITE 253	□Add
		ROANOKE, VA 24014	Remove
			□Change
AMBR	THOMAS VINOPAL	3735 FRANKLIN RD. SUITE 253	
		ROANOKE. VA 24014	□Remove
		**Change from AP to AMBR	≣Change
AMBR	KENDRA R GARCIA	3735 FRANKLIN RD, SUITE 253	Add \
		ROANOKE. VA 24014	E Remove
			PiChange .
			□Remove
			□ Change
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Effective dat f an effective da	e, if other than ite is listed, the date	the date of must be specif	filing: ic and cannot	be prior to dat	e of filing or mo	re than 90 days	optional) after filing.)	Pursuant to 6	605.0207
Note: If the d	late inserted in the Tective date on the	is block does	not meet the	applicable :					
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	fies a delayed effe	ective date, bu	it not an effe	ective time, a	t 12:01 a.m. o	n the earlier o	f: (b) The	90th day a	fter the
d is filed.									
Saturd		MAY	10 2021						
Dated	-1		· /)	· ·					
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