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(Requestor's Name)
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor								
	enue Housing LLC							
SUBJECT:	Name of Lim	ited Liability Company						
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.						
Please return all correspo	ondence concerning this matter t	to the following:						
	Roy Campbell							
		Name of Person						
	Florida Avenue Housing L	LC						
		Firm/Company						
	65 Lewis Blvd							
		Address	<u>;;</u>	202				
	St. Augustine, Florida 320	84		2023 FEB 23	4			
	roycampbell9@aol.com	City/State and Zip Code			1 2 2 4			
For further information of	E-mail address: (concerning this matter, please ca	to be used for future annual report not all:	ification)	PH 3: 57				
roy campabell		904 377 5000						
Name o	f Person	at () Area Code Daytin	ne Telephone Number					
Enclosed is a check for t	the following amount:							
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified (□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Addre	Section	Street Address: Registration Se Division of Co						
Division of C P.O. Box 633	=	The Centre of	-					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Avenue Housing LLC		
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
he Articles of Organization for this Limited Liability Company were fi	iled on	and assigned
lorida document number 1.21000340074		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability co	mpany here:	
he new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbi	eviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	- E	702
		∑
		ئا ق مصد،
nter new mailing address, if applicable:	177 (3)	<u>P : 1 1 1</u>
Mailing address MAY BE A POST OFFICE BOX)	7.75	<u> </u>
		л ————————————————————————————————————
If amending the registered agent and/or registered office addres gent and/or the new registered office address here:	s on our records, enter the name	of the new regist
gen una or the new regions of our control and the new regions of the n		
N. B. C. LA		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
Cit		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 th 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
AMBR	Campbell Family Management LLC	65 Lewis Blvd, St. Augustine FL LLC	\exists Add
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<u>te:</u> If the date in	serted in this blo	ock does not	meet the app	licable statut	ory filing requ	irements, t	his date	will n	ot be listed
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February 22,			2023	•				<u> </u>	61
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