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A. BUTLER

FEB - 9 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sulzbacher Enterprise Village GP, 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:

Eileen Briggs

Name of Person

I.M. Sulzbacher Center for the Homeless, Inc.

Firm/Company

611 East Adams Street

Address

Jacksonville, FL 32202

City/State and Zip Code

EileenBriggs@sulzbacherjax.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eileen Briggs

904
at ()

568-8351

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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**

Sulzbacher Enterprise Village GP, 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 01/12/2022 and assigned Florida document number L22000026517.

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)

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	I.M. Sulzbacher Center for the Homeless, Inc.	611 East Adams Street	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cindy Funkhouser	1352 Plantation Oaks Drive	<input type="checkbox"/> Add
		Jacksonville Beach, FL 32250	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Greg Miller	2373 Windchime Drive	<input type="checkbox"/> Add
		Jacksonville, FL 32224	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Darnell Smith	11768 Cherry Bark Drive	<input type="checkbox"/> Add
		Jacksonville, FL 32218	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shantel Davis	772 East Dorchester Drive	<input type="checkbox"/> Add
		Jacksonville, FL 32259	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Paola P Harris	6810 St. Augustine Road	<input type="checkbox"/> Add
		Jacksonville, FL 32217	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

