

L22000026559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

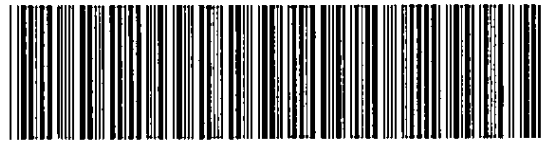
(Business Entity Name)

(Document Number)

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01/31/22--01014--016 **25.00

A. BUTLER

FEB - 9 2022

FILED
FEB 9 2022
CLERK OF SUPERIOR COURT
STATE OF NEW YORK
WESTCHESTER COUNTY

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sulzbacher Enterprise Village Developer, 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

Name of Person

904 568-8351
at () _____
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 Developer, 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 L22000026558.

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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 26 _____, 2022

Cindy Funckhouser
 Signature of a member or authorized representative of a member

Cindy Funkhouser

 Typed or printed name of signee