## 12200037029

(Rec	questor's Name)	
(Ado	dress)	<u>,</u>
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(City	y/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

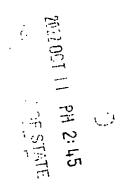
A. RIVERS

JAN - 3 2023



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10/11/22--01016--009 \*\*25.00



## **COVER LETTER**

**Amiable Housing** SUBJECT: 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: Francisco Benitez Name of Person Firm/Company 2246 NE 42nd Cir. Address Homestead, FL 33033 City/State and Zip Code francisco@amiablehousing.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 786 291-7410 Francisco Benitez Daytime Telephone Number Area Code Name of Person Enclosed is a check for the following amount: **■ \$25.00** Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

**Mailing Address:** 

TO:

Registration Section Division of Corporations

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

Amiable Housing			
( <u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now app nited Liability Company	ears on our records.)	
ne Articles of Organization for this Limited Liability Comporida document number			and assigned
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	liability company	here:	
Amiable Consulting LLC			
ne new name must be distinguishable and contain the words "Limited	Liability Company," th	ne designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES.	<u></u>		
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )  . If amending the registered agent and/or registered office address here:	fice address on ou	r records, <u>enter the n</u>	ame of the new regist
Name of New Registered Agent:	<del></del>		
New Registered Office Address:			200
	Enter l	Florida street address	ZipCode
<del>-</del>	City	, Florida	
ew Registered Agent's Signature, if changing Registered Agent	*		7.tp.Code
hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent	olete performance	of my duties, and I a	agree to comply with m:familfar with and

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
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			Remove
			□Change
		<del></del>	□ Add
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ffective date, if other than the date must be defective date is listed, the date must be detective date in this block ocument's effective date on the Dep	be specific and cannot be pric ck does not meet the appli	cable statutory filing re-		
record specifies a delayed effective d is filed.	date, but not an effective	time, at 12:01 a.m. on the	ne earlier of: (b) The	90th day after the
	2022			
September 21				
Dated	,	•		
Dated	 //.	•		
Dated	ignature of a member or aut	norized representative of a	member	