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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323)962-8600  
Fax Number : (323)389-0502

2024 NOV 25 AM 10:34

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
IOTA THETA CENTRAL FLORIDA HOUSING LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

T. LEMIEUX

NOV 26 2024

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Help

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IOTA THETA CENTRAL FLORIDA HOUSING 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:

Mike Town  
Name of Person  
Legalzoom com, Inc.  
Firm Company  
9000 Spectrum Dr  
Address  
Austin, TX 78717  
City/State and Zip Code  
fgonzalesportillo@gmail.com  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Town at (800) 773-0888  
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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



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>
AMBR	GONZALES PORTILLO, FERNANDO A. JR.		<input type="checkbox"/> Add
		1576 CROSSWIND CIR ORLANDO, FL 32825	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Bryan Martin	15581 Murcott Blossom Blvd. Winter Garden, FL 34787	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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