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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VSTATE FILINGS LLC

Account Number : 120110000086 Phone : (718)569-2703 Fax Number : (718)504-7890

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

Email Address: hazel@vstatefilings.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AFFORDABLE HOUSING GROUP LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AFFORDABLE HOUSING GRO	UP LLC		
(Name of the Limi	ted Liability Compa (A Florida Limited I	iny as it now appears on our record Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited L. Florida document number	Liability Company	were filed on	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:	9270 East Bay Harbor Drive, 0	Office
(Principal office address MUST BE A STREET ADDRESS)		Bay Harbor Islands, FL 33154	
Enter new mailing address, if applicable:		3284 N 29 CT Hollywood, FL 33020	2025 FEB
(Mailing address MAY BE A POST OFFICE BOX)		TKMy wddi(T B 35820	<b>8</b> 1
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter</u>	<u></u>
Name of New Registered Agent:	NEWMAN, ST	EVEN	
New Registered Office Address:	3284 N 29 CT		
-	Enter Florida street address		
	Hollywood	, FI	orida 33020
		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.

/o/ NEWMAN, STEVEN

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

To:

Title	Name	Address	Type of Action
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			□Remove
			□ Change
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Note: If	the date inserted in this	he date of filing:  nust be specific and cannot be prior block does not meet the applic Department of State's records.	able statutory filing requirements	optional) i after filing.) Pursuant to 605.0207 (3)(b s, this date will not be listed as the
If the record s record is filed.	•	tive date, but not an effective ti	me, at 12:01 a.m. on the earlier of	of: (b) The 90th day after the
Dated Fe	bruary	2025	<u> </u>	
	/s/ Avraha			
		Signature of a mounter or author	orized representative of a member	

Typed or printed name of signee