## 106000115466

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(Business Entity Name)
(Document Number)
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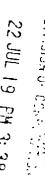
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S. CHATHAM OCT 10 2022



## COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

Florida Şer	vices & Information, LLC		-			
SUBJECT:	Name of Lin	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Andrea Hoff-Domin					
Name of Person						
Florida Services & Information, LLC						
	c/o Florida Dream Homes	Realty LLC, 500 E Broward Blvd,	Suite 1710			
Address						
	Fort Lauderdale, FL 33394	4				
		City/State and Zip Code				
	andrea@florida-information					
	E-mail address: (	to be used for future annual report noti	fication)			
For further information c	oncerning this matter, please c	all:				
		at ()				
Name of Person		Area Code Daytim	e Telephone Number			
Enclosed is a check for the	ne 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 Addres		Street Address:				
Registration S Division of C		Registration Section				
P.O. Box 632		Division of Corporations The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Services & Information, 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 24.6.2022 and assigned Florida document number L06000115466 · 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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Domin, Heinrich	c/o Florida Dream Homes Realty LLC	
		500 E Broward Blvd, Suite 1710	■Remove
		Fort Lauderdale, FL 33394	[]Change
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effective date is listed, the date must be specific and e: If the date inserted in this block does not m				
ument's effective date on the Department of St		saturory ming req	direments, tino d	are will not be listed
cord specifies a delayed effective date, but not	an effective time,	at 12:01 a.m. on th	e earlier of: (b)	The 90th day after th
s filed.				
luma 24th	2022			
ed June, 24th	2022			
$\sim 1/1$	ember or authorized			
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Signature Main	ember or authorized	representative of a	member	