## 122000443284

(Requ	iestor's Name)	
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## **COVER LETTER**

TO: Registration S Division of Co			
VIS Rebu			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ivan Nenov		
		Name of Person	
	VIS Rebuild LLC		
		Firm Company	<del></del>
	8382 Trillium rd		
		Address	
	Fort Myers, FL, 33967	•	
		City-State and Zip Code	
	service@visrebuild.com		
	E-mail address: (	to be used for future annual report notifical	tion)
For further information	concerning this matter, please c	all:	
Ivan Nenov		239 315-6463	
Name	of Person	Area Code Daytime Te	dephone Number
Enclosed is a check for	the following amount.		
<b>■</b> \$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 Addre Registration		Street Address: Registration Section	NI)
	Corporations	Division of Corpo	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

FILED 2024 DEC 12 PM 1:54

VIOLE TALLS		SET . SET
VIS Rebuild LLC	n as It man appears on our powerle 1	321.
(Name of the Limited Liability Compar (A Florida Limited L	(ability Company)	TALLAHASSEE. FL
The Articles of Organization for this Limited Liability Company	were filed on 10/14/2022	and assigned
Florida document number L22000443284		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
IDN Homes LLC		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" of	r 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)		
		<u></u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Unior Florida street address	
	, Flori	
	City	Zip Cork

## 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 standes 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			[T]Remove
			□Change
			□Add
		<del> </del>	Remove
			Change
			TRemove
			Change
		·	
		[]Remove	
			DChange
		Remove	
			Change
			Петюче

\_\_\_\_\_ Change

- i i umem	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>Note:</u> 11	e date, if other than the date of filing:
If the record s record is filed	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 l.
Dated	2/07 2024
	$\mathcal{H}$
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00