Division of Corporations



(shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-2803 Phone Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future $_{\mathbb{C}}$ annual report mailings. Enter only one email address please.

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Emall	Address:	J	٦

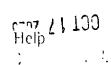


LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WILDFLOWER HOME SALES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu



Fax: \$134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

To 18506176383

ij	* V	
	Wildflower Home Sales ELC (Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
	s of Organization for this Limited Liability Company were iment number £23000012939	filed on 01/23/23 and assigned
	ment is submitted to amend the following:	
λ. If amen	ding name, enter the new name of the limited liability co	ompany here:
The new name	must be distinguishable and contain the words "Limited Liability Cor	pany," the designation "LLC" or the abbreviation "L.L.C."
	principal offices address, if applicable: office address MUST BE A STREET ADDRESS)	
	mailing address, if applicable:	
	ding the registered agent and/or registered office addresor the new registered office address here:	s on our records, enter the name of the new registere
<u>N</u> :	ome of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
<u>N</u>	ew Registered Office Address:	Emer Florida street address = \frac{\fincet{\frac}}}}}{\firighta}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
	· · · · · · · · · · · · · · · · · · ·	, Florida

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 statues 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.

10/16/2023 13 G2.59 PDT -

To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

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>	Type of Action
MGR	FAN. KARÊN	7901 4TH ST N SUITE 300	□Add
		ST. PETERSBURG, FL 33702	☑Remove
			[] Change
MGR	FAN, KAREN	80 NORTH MOORE STREET, 11D	□Add
		NEW YORK, NY 10013	⊠ Remove
			(□Change
AMBR	FAN, KAREN	7901 4TH ST N SUITE 300	Z Add
		ST. PETERSBURG. FL 33702	□Remove
			———— FiChange
			□ Add
			Remove
			☐Change
			□Add
			□Remove
			□ Change
			∐Add
			□Remove

10/16/2023 13.92.59 PDT: To 18506176383 Page 4/4 From Registered Agents Inc Fax: 8134365206

D. If amending any other inform	ation, enter change(s) her	re: (Attach additional	sheets, if necessary.)	
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E. Effective date, if other than the (if an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the I	ast be specific and cannot be pric block does not meet the appli	or to date of filing or more if leable statutory filing rec	ian 90 days after filing.) Pursuan	a to 605,0207 (3)(b be listed as the
t the record specifies a delayed effecti record is filed.	ve date, but not an effective	time, at 12:01 a.m. on th	ic earlier of: (b) The 90th d	ay after the
Dated October 16	2023			
	Signature of a member or aut	horized representative of a	member	
Nat Smith				
	Lyped or prin	ited name of signee		