# L23000239447

(Re	equestor's Name)	
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### **COVER LETTER**

## TO: Registration Section Division of Corporations

Discover Ocala Homes, LLC

SUBJECT:	Name of Limi	ted Liability Company		
	Amendment and fee(s) are sub-			2023 AUG 10 AH11: 29
Please return all correspo	ondence concerning this matter	to the following:	,	r. O
	Brittany Fischer			=
		Name of Person		29
	<u></u>	Firm/Company		
	3585 SW 38th Ter J103			
		Address		
	Ocala, FL, 34474			
	BQFischer@gmail.com	City/State and Zip Code		
	E-mail address: (1	to be used for future annual report notific	cation)	
For further information of	concerning this matter, please ca	nii:		
Brittany Fischer		248 217-4897		
Name o	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

Mailing Address:

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

Street Address: 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

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Discover Ocała Homes, 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 \_\_\_\_\_ and assigned Florida document number L23000239447 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Brittany Fischer, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_\_ Ciry

### 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.

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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ffective date, if other than to an effective date is listed, the date is	he date of filing: nust be specific and cannot l	pe prior to date of fi	ing or more than 9	(optional) 0 days after filing.) P	ursuant to 605.020
Note: If the date inserted in this document's effective date on the	block does not meet the	applicable statute	ory filing require	ments, this date w	ill not be listed a
record specifies a delayed effect dis filed.	tive date, but not an effe	ctive time, at 12:0	I a.m. on the ea	rlier of: (b) The '	90th day after the
August 7	2023				
Dated		<u> </u>			