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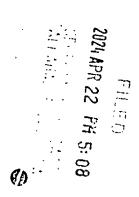
(Requestor's Name)
(Address)
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COVER LETTER

Divi	ision of Corp	porations			
SUBJECT:		ES PRINCETON 1, LLC			
SOBJECT.			ited Liability Company		
The enclosed	Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		PAUL CIPPARONE, ESQ	UIRE		
			Name of Person		
		CIPPARONE & CIPPARO	ONE, P.A.		
			Firm/Company		
		1525 INTERNATIONAL	PKWY., STE. 1011		
			Address		
		LAKE MARY, FL 32746			
			City/State and Zip Code		
		PCIPPARONE@CIPPARO E-mail address: (t	NEPA.COM o be used for future annual re	enort notification)	
For further in	formation co	ncerning this matter, please ca		-1	
PAUL CIPPA			321 275-	-5914	
	Name of	Person	at () Area Code	Daytime Telepho	ne Number
Enclosed is a	check for the	following amount:			
≡ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TC: Registration Section

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

NEW HOMES PRINCETON 1, 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 MARCH 26, 2024 and assigned Florida document number L24000146945 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, 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 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 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
MGR	JERRY GLINSKI	3927 GRASSLAND LOOP	
		LAKE MARY, FL 32746	≣Remove
			□Change
MGR	JERZY GLINSKI	3927 GRASSLAND LOOP	≅Add
		LAKE MARY. FL 32746	Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			Remove
			Change

			
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fective date, if other than the one effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	be specific and cannot be prior to date ck does not meet the applicable s	(option e of filing or more than 90 days after fil tatutory filing requirements, this d	ing.) Pursuant to 605.0207
ecord specifies a delayed effective is filed.	date, but not an effective time, as	t 12:01 a.m. on the earlier of: (b)	The 90th day after the
APRIL 17	. 2024		
	Signature of a member or authorized	range antativa af a mambar	
•	ignature of a memory of authorized	representative of a member	
PAUL CIPPARONE, ES	QUIRE		
<u> </u>	Typed or printed nam	ne of signee	

Filing Fee: \$25.00