DOCU 1. Entity Na	JMENT	# L000	00005483			FILED PR 16 PM 12: 1	MY	24		
IANFER	HOMES,	L.C.			اه هم	DO IS PHIZE	18	(
Principal Pla	ace of Busines	s	Mailing Address		01 A	artaryof Sil	TE.		·	
C/O YANNONE GAETANO CO 290 NW 165 STREET PLAZA 100 2			C/O YANNONE GAETA	C/O YANNONE GAETANO 290 NW 165 STREET PLAZA 100		SECRETARY OF STATE TALLEAHASSEE FLORIDA				
2. Principal	Place of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT W	RITE IN THIS SP	PACE		
City & State			City & State	City & State		4. FEI Number 65 – 1007798 Applied For Not Applicable				
Zip		Country	Zip	Country	5. Cer	tificate of Status Desired	\$	5.00 Addes Require		
	6. Name	and Address of Curre	nt Registered Agent		7. Nan	ne and Address of New		<u>-</u>		-
EEI DEN	KBVIG MIUP	IAEL ESO	a sub of custome of the company	Name		_				
		SOCIATES PA	್ ಪ್ರಾನ್ ಬ್ಯಾನಿಯಾಗುತ್ತು ಕಾರ್ಯ <u>ಸ್ಥಾಕ್ಯ</u>	Stree	t-Address (P.OBox I	Number is Not Accepted	ole)			===
		Γ PLAZA 100								7
MIAMI FL 33169				City			FL	Zip Cod	е	-
8. The above										1
	e named entity	submits this statement	for the purpose of changing is	ts registered office	or registered agent,	or both, in the State of I		<u> </u>		-
SIGNATURE					· ·	<u></u> .	Florida.		10 - 2 - 10 - 10 - 10 - 10 - 10 - 10 - 1	
		y submits this statement			or registered agent,	ting) ;	Florida.			
			ant and title if applicable. (NC	OTE: Registered Agent sig	nature required when reinsta	900004	Florida.			
SIGNATURE		or printed name of registered age	ent and title if applicable. (NC FILE N Make Check P	NOW!!! FEE IS ayable to Depa	nature required when reinsta	900004 -04/2	DATE 10781 25/0101 *50.00		013	
SIGNATURE	Signature, typed	or printed name of registered age	FILE N Make Check P	NOW!!! FEE IS Payable to Depa	nature required when reinsta	900004 -04/2	DATE + 0 7 8 1 25/0101 *50.00 5/CHANGES	039 *****	013 50.00	(0
9. TITLE NAME STREET ADDRESS	MGRM GAETANO 290 NW 1	MANAGING MEM O, YANNONE FERRAF	FILE N Make Check P ### ### ###########################	NOW!!! FEE IS Payable to Depa 10. TITLE NAME STREET ADDRESS	\$50.00 rtment of State	900004 -04/2	DATE + 0 7 8 1 25/0101 *50.00 5/CHANGES	039	013	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed MGRM GAETANO	MANAGING MEM O, YANNONE FERRAF	FILE N Make Check P ### ### ###########################	NOW!!! FEE IS Payable to Depa	\$50.00 rtment of State	900004 -04/2	DATE +0781 5/0101 *50.00 B/CHANGES	039 ******] Change	013 50.00	
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SIGNATURE 9. Title	MGRM GAETANO 290 NW 1	MANAGING MEM O, YANNONE FERRAF	ABERS/MEMBERS Delete Delete	NOW!!! FEE IS Payable to Depa 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$50.00 ertment of State	900004 -04/2	DATE + O 7 8 1 25/0101 *50.00 B/CHANGES	039— ******] Change] Change	013 50.00 Addition Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNAT O OR PRINTED NAME OF SIGNING MANAGING MEMBER, WARAGER, OR AUTHORIZED REPRESENTATIVE