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## **COVER LETTER**

| Division of Corporations  |
|---|
| SUBJECT: EXECUTIVE HOMES 4U, LLC Name of Limited Liability Company  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:   |
| John J. Heim<br>Name of Person  |
| Executive Homes 40  |
| 13717 Whippet Way East  |
| Delray Beach, FL 33484  City/State and Zip Code   |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| John Heim at (561) 715-8562  Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee. |

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| Executive Homes 40 LLGSB SEP-9 P 12: 58   |             |
|---|-------------|
| (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  |             |
| MALLAHABBEL FÜRREA  |             |
| The Articles of Organization for this Limited Liability Company were filed on 7/21/3004 and assign  | icd         |
| Florida document number <u>L 04000 5913</u> 0   |             |
| This amendment is submitted to amend the following:   |             |
| A. If amending name, enter the new name of the limited liability company here:  |             |
| he 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)  | <del></del> |
| 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, <u>enter the name of</u> registered agent and/or the new registered office address here: | the no      |
| Name of New Registered Agent:   |             |
| New Registered Office Address:  |             |
| Enter Florida street address  |             |
| , Florida   |             |
| City Zip Code   | _           |
| 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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u>          | <u>Name</u>         | Address               | Type of Action |
|-----------------------|---------------------|-----------------------|----------------|
| Vβ                    | Melissa H. Lawrence | 3428 Camlen Drive     |                |
|                       |                     | Flaver Mard, TX 75028 | Remove         |
|                       |                     |                       | Change         |
| C.OU Victoria Roberts | Victoria Robertson  | 1635 N. Springs Drive | D Add          |
|                       |                     | Atlanta GA 30338      | Remove         |
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| (If an ef<br>Note:   | tive date, if other than the date of filing:   |
|                      |  |
| If the re<br>(b) The | cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of $90$ th day after the record is filed. |
| Dated                | September 6. 2019.   |
|                      |  |
|                      | C  |
|                      | Signature of member or authorized representative of a member   |

Page 3 of 3

Filing Fee: \$25.00