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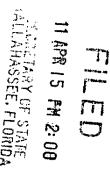
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D. BRUCE
APR 18 2011
EXAMINER

COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	TE TREMAYNE A. ALLEN CLISTOM HOMES, LLC	
SOME	Name of Limited Liability Company	
The encle	osed Articles of Amendment and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:	
	PENAYNE A. ALLEN Name of Person	
	Name of Person	
	TREMAYNE A. ALLEN CUSTON HOMES, LLC Firm/Company	
	Firm/Company	
	2910 CIRVAN DE.	
	Address	
	LAND O LAKES FL 3A438 City/State and Zip Code)
	City/State and Zip Code	
	TREMAYNEALLEN & AOL COM E-mail address: (to be used for future annual report notification)	E E
For furthe	er information concerning this matter, please call:	APR 15 PM 2: 00
TRE	Name of Person at (B13) 744.5257 Area Code & Daytime Telephone Number 5	P.S.M.
	Name of Person Area Code & Daytime Telephone Number	
Enclosed	is a check for the following amount:	
S \$25.00	(additional copy is enclosed) Certified C	of Status &

MAILING ADDRESS: 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

	I CUSTON HOMES, LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on or Limited Liability Company)	or records.)
The Articles of Organization for this Limited Liability	Company were filed on 7.25.21	and assigned
Florida document number L05000072534	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
TREMAYNE A. ALLEN CONT		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADD	RESS)	11
Enter new mailing address, if applicable:	NA	APR I
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	— m
		SIN TO THE PROPERTY OF THE PRO
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our rec dress here:	cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	rida 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>T</u>itle <u>Name</u> **Address** Type of Action ☐ Add Remove ☐ Add Remove Add Remove Add Remove $\bigcap Add$ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) APRIL 12 Dated_ Signature of a member or authorized representative of a member YCEMAYNE A. ALLEN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00