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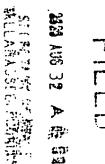
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### **COVER LETTER**

Subject:	Division of Cor	porations		
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Name of Person	SUBJECT:	mber Wood	Costom Home	S, LLC.
Please return all correspondence concerning this matter to the following:    Name of Person		Name of Lim	Name of Limited Liability Company  Idment and fee(s) are submitted for filing.  The concerning this matter to the following:  Name of Person  Name of Person  Firm/Company  Address  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  ing this matter, please call:  The charter of Area Code  Daytime Telephone Number  The continuation of Status  Overlifted Copy  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status	
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Name of Person  Firm/Company  Address  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Pose Mari (Harriella at (38 (a) 9 (5 - 33 4 Area Code Daytime Telephone Number)  Enclosed is a check for the following amount:  Selection of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy  (additional copy is enclosed)	The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
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City/State and Zip Code    E-mail address: (to be used for future annual report notification)   For further information concerning this matter, please call:   Pose Mari Hadren at (35 (a) 9 5 - 33 4				
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For further information concerning this matter, please call:    Cose Mari (Harles) at (380)   905 - 334     Name of Person   Area Code   Daytime Telephone Number		d ·		
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TO:

**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 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	802 SW	Type of Action
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If an effective <u>Note:</u> If the	date is listed, to date inserted	than the da he date must be I in this block on the Depar	specific and codoes not me	annot be prior	able statutory	g or more than r filing requi	(option 90 days after frements, this	<b>nal)</b> iling.) Pursuant to date will not be	605.0207 listed as
e record spec rd is filed.	cifies a delay	od effective da	ite, but not a	n effective ti	me, at 12:01	a.m. on the o	earlier of: (b)	The 90th day	after the
Dated	_101	28/	202.0	<u> </u>		1			
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