LD9000058770

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COVER LETTER

TO: Registration S Division of Co	ection rporations *	* *	•	
Jordan Ho SUBJECT:	mes, LĻC	•	*	
	Name of Lin	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Larry Jordan			
		Name of Person		
	Jordan Homes, LLC			
		Firm/Company		2025
	PO Box 622903		:.	2025 MAY
		Address		82.1
	Oviedo, FL 32762		1,	PH
	jordansale@aol.com	City/State and Zip Code	 :	
		to be used for future annual report notifi		60
For further information	concerning this matter, please c	all:		
Janette Jordan		407 4674873 at ()		
Name (of Person		Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		Street Address: Registration Sect	tion	

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

Jordan Homes , LLC				
(Name of the Limite	ed Liability Compar (A Florida Limited L	ny as it now appears on nability Company)	our records.)	
The Articles of Organization for this Limited Li Florida document number L09000058770		were filed on	8/2019	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the desig	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	T ADDRESS)	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	egistered office a	ddress on our reco	rds, <u>enter the nar</u>	ne of the new registered
New Registered Office Address:	2653 W SR 426	6 Suite 1231		
Enter new principal offices address, if applicables (Principal office address MUST BE A STREE) Enter new mailing address, if applicables: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agents New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the		Enter Florida	street address	
	Oviedo		, Florida _ ³	-2765
New Registered Agent's Signature, if changing I	Registered Agent:	City		Zip Code
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office	performance of my provided for in Cha	duties, and Lam pter 605, F.S. Or	familiar with and ; if this document is

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>	Name	Address	Type of Action
			□Add
			□ Remove
			□Change
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Filing Fee: \$25.00