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Special Instructions to F	iling Officer:	
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SECRETARY OF STATE

COVER LETTER

Registration Section
Division of Corporations

Ю:

Yoder Hon	nes, LLC		
	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Kevin Archer		
		Name of Person	
	Yoder Homes, LLC		
		Firm/Company	 _
	500 Central Avenue		د
		Address	SE P
	Sarasota, Florida 34236		PARET DEC.
	Kevin.A@yoder-homes.cor	City/State and Zip Code	2024 DEC -3 PH 2: 18 SECRETARY OF STATE SECRETARY STATE SECRETARY OF STATE
		to be used for future annual report notifica	tion)
or further information o	concerning this matter, please c	all:	77 TB
Cevin Archer	_	941 356 2915 at ()_	•••
Name o	of Person	Area Code Daytime To	elephone Number
nclosed 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)
Mailing Address Registration Division of Control P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corpoon The Centre of Tall 2415 N. Monroe S Tallahassee, FL 32	rations ahassee treet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yoder Homes, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) e Articles of Organization for this Limited Liability Company were filed on $\frac{07/06/2009}{000}$ and assigned orida document number L09000065261 is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." iter new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS) iter new mailing address, if applicable: failing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address w Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>tie</u>	<u>Name</u>	Address	Type of Action
мвк 	Kevin Archer	500 Central Ave. Sarasota FL 34236	= Add
			□Remove
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			□Add
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			□Add
			□Remove
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ctive date, if other than the effective date is listed, the date must If the date inserted in this bloment's effective date on the De	date of filing: be specific and cannot be prior to date of files to does not meet the applicable statute partment of State's records.	(option ling or more than 90 days after fi ory filing requirements, this c	al) ling.) Pursuant to 605.020 late will not be listed a
ord specifies a delayed effective filed.	e date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b)	The 90th day after the
November 10	2024		
	Signature of a member or authorized repre		
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Filing Fee: \$25.00