L10000076564

(Requestor's Name)				
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LALBRITTON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA HOME HOLDING GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida	a Limited Liability	Company)		
The Articles of Organization for this Limited Liability C	Company were I	īled on <u>7/19/10</u>	and assigned	
Florida document number L10000076564	 .		بے د	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability co	mpany here:		
The new name must be distinguishable and contain the words "Limit	ited Liability Corr	pany," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		FOREST TRAIL		
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		EDO, FL 32765		
		447 FOREST TRAIL		
		EDO, FL 32765		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address	s on our records, <u>enter th</u>	ne name of the new registered	
Name of New Registered Agent: MADE	ELINE CORNEL	.L		
New Registered Office Address: 447 FO	DREST TRAIL			
		Enter Florida street address		
OVIED	OO Cit	, Flor	ida ^{FL} Zip Code	
	CH	<i>γ</i>	гар Соце	

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

Title	<u>Name</u>	Address	Type of Action
MGR	MADELINE CORNELL	447 FOREST TRAIL	
		OVIEDO, FL 32765	□Remove
			Change
MGR KENNETH CORNELL	6031 OLD CHENEY HIGHWAY	□Add	
		ORLANDO, FL. 32807	∠ Remove
			□ Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<u></u>	□ Change
			□Add
			□Remove
			Change

Note:	tive date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next's effective date on the Department of State's records.
reco	/ /
	1 / 1/2
	12/30/19
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00