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AUG 1 4 2020 S. YOU'NG

COVER LETTER

TO:

TO: Registration Se Division of Cor							
	T LINE HOMES, LLC						
SUBJECT:	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing					
	ondence concerning this matter	-					
	-						
	JOHN MICHAEL GARTY						
		Name of Person					
	STRAIGHT LINE HOME						
		Firm/Company					
	303 SW 8TH ST, UNIT 2	4.11					
		Address					
	OCALA, FL 34471	Challenge and the Code					
	ADMIN@CALIBERDE.C	City/State and Zip Code					
	E-mail address: (to be used for future annual report noti	ification)				
For further information c	oncerning this matter, please co	all:					
JOHN MICHAEL GAR	TNER, JR.	352 789-6298					
Name o	f Person	Area Code Daytim	ne Telephone Number				
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection				
Division of C P.O. Box 632	orporations	Division of Corporations The Centre of Tallahassee					
Tallahassee, l			e Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STRAIGHT LINE HOMES, ELC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	7.0
The Articles of Organization for this Limited Liability Co		and assigned
Florida document number L14000142224		
This amendment is submitted to amend the following:		PK 6: 24
A. If amending name, enter the new name of the limit	ed liability company here:	5: 24
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florid	la
	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 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARTTER, WILLIAM A, JR.	303 SW 8TH STREET, UNIT 2	□Add
		OCALA, FLORIDA 34471	= Remove
			Change
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			□Remove
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Filing Fee: \$25.00