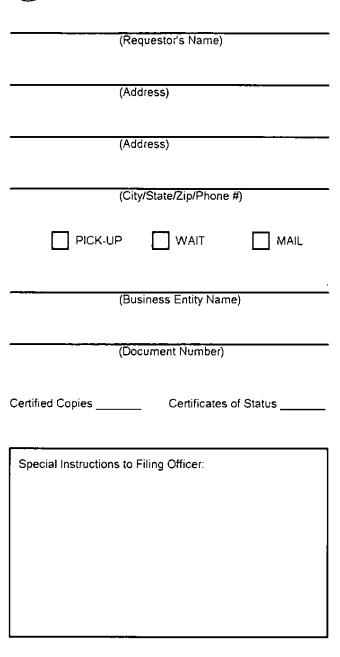
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COVER LETTER

TO: Registration Se Division of Cor				
	LEN HOME I, LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Darren J. Elkind, Esquire			
		Name of Person		
	Paul, Elkind, Branz & Paul	, LLP		
		Firm/Company		
	142 E. New York Avenue			
		Address	·	
	DeLand, FL 32724			
	bsteudler@comcast.net	City/State and Zip Code		
	-	to be used for future annual report notif	fication)	
For further information of	concerning this matter, please ca	all:		
Darren J. Elkind, Esquire		386 734-3020 at ()		
Name o	of Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre		Street Address:	ction	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAKE HELEN HOME I, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) December 04, 2015 The Articles of Organization for this Limited Liability Company were filed on and assigned L15000203119 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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	Type of Action
MGR	Dan E. McFall	650 S. Lakeview Drive	
		Lake Helen, FL 32744	■Remove
			□ Change
Owner	Frederick W. Steudler, Jr.	7335 River Road	□Add
		Conestoga, PA 17516	■Remove
			□Change
MGR	Beverly Steudler	7335 River Road	
		Conestoga, PA 17516	□Remove
		-	□ Change
		-	□Add
			Remove
			□Change
			□Remove
			□Add
			□Remove
			□ Change

-	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	
	
	<u> </u>
	-
(If an effective d Note: If the	te, if other than the date of filing:
ne record speci ord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	December 11 , 2023
_	Signature of a member or authorized representative of a member
	/
	Beverly Steudler Typed or printed name of signee

Filing Fee: \$25.00

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