

11/11/22, 7:50 AM

Division of Corporations

Florida Department of State

Division of Corporations
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(((H22000385855 3)))



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Fax Number : (850)617-6383

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Account Name : BUSINESS FILINGS
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Phone : (608)827-5300
Fax Number : (608)827-5501****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****Email Address: billing@archetypehomes**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**
ARCHETYPE HOMES LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

2022 NOV 11 11:00 AM

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32399

2022 NOV 14 PM 3:21

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Electronic Filing Menu

Corporate Filing Menu

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Fax Audit # H22000385855 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARCHETYPE HOMES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 2/8/2016 and assigned
Florida document number L16000025890

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:

1700 E Sunrise Blvd, #1213

(Principal office address MUST BE A STREET ADDRESS)

Ft. Lauderdale, Florida 33304

Enter new mailing address, if applicable:

1700 E Sunrise Blvd, #1213

(Mailing address MAY BE A POST OFFICE BOX)

Ft. Lauderdale, Florida 33304

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address:

Florida

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

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JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Erik Scheuermann	1700 E Sunrise Blvd. #1213	☐ Add
		Ft. Lauderdale, Florida 33304	☐ Remove
			☒ Change
AMBR	Valeriya Scheuermann	1700 E Sunrise Blvd. #1213	☐ Add
		Ft. Lauderdale, Florida 33304	☐ Remove
			☒ Change
Vice-President	Valeriya Scheuermann	1600 E Sunrise Blvd #3704	☐ Add
		Fort Lauderdale, FL 33304	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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