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(Requ	estor's Name)	
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(City/S	State/Zip/Phone	 #)
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PICK-UP	MAIT	MAIL
Rusin	ess Entity Name	<u>, , , , , , , , , , , , , , , , , , , </u>
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(Docu	ment Number)	
Certified Copies	Certificates of	of Status
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Special Instructions to Fili	ng Officer:	

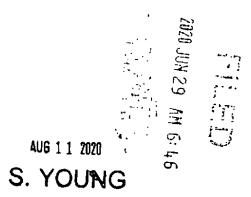
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COVER LETTER

. TO:

Registration Section

Divi	ision of Corp	porations	. *	••
	I BUY HOU			• •
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JASON PRIETO		
			Name of Person	
		I BUY HOUSES LLC		
			Firm/Company	
		407 IST SOUTH		
			Address	
		WINTER HAVEN, FLOR	IDA 33880	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For further is	nformation c	oncerning this matter, please c	all:	
JASON PRI	ЕТО		407 2326900 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 I	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)
Re	iling Addres	Section	Street Address: Registration S	
	vision of C D. Box 632	Corporations 27	Division of C The Centre of	-
	llahassee, l		2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

I BUY HOUSES LLC

(Name of the Limited Liability Comp (A Florida Limited	p <mark>any as it now aj</mark> I Liability Compa	ppears on our records.)
The Articles of Organization for this Limited Liability Companies Florida document number 1.16000182636 This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility compan	ny here:
JASON BUY HOUSES LLC		
The new name must be distinguishable and contain the words "Limited Lial	bility Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	917 HERO	N CIRCLE
(Principal office address MUST BE A STREET ADDRESS)	WINTER I	HAVEN, FLORIDA 33884
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office	WINTER I	HAVEN, FLORIDA 33884
agent and/or the new registered office address here:		
Name of New Registered Agent: JASON PRIE	то	
New Registered Office Address: 917 HERON		
	Ente	r Florida street address
WINTER HA	VEN	, Florida 33884
Now Donictored Agent's Signature if changing Registered Agen	City	Zip Code

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 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	JASON PRIETO	917 HERON CIRCLE	□Add
		WINTER HAVEN, FL. 33884	□ Remove
			■ Change
**			\ _\
			Remove
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fective date, if other than the in effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the Decument	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03 lock does not meet the applicable statutory filing requirements, this date will not be listed
is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ted MAY 26	, 2020
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Typed or printed name of signee