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(Re	equestor's Name)	
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COVER EETTER

TO: Registration Division of C	Section	*	
	Homes by Hall, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	nitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Peggy Hall		
		Name of Person	····
	Restored Homes by Hall, L	LC	
		Firm/Company	
	3767 Underwood St		ج م
		Address	
	The Villages, FL		
		City/State and Zip Code	
	restoredhomesbyhall@gmail		
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information	n concerning this matter, please ca	11:	
Peggy Hall		321 863-8862	
Nam	e of Person	at. () Area Code Daytime	Telephone Number
Enclosed is a check for	r the following amount:		
□ \$25.00 Filing Fee	☐ \$30:00 Fiting Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60:00: Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Restored Homes by Hall, LLC		
(Name of the Limited Living (A Florid	ilty Company as ft now appears on our records la Limited Liability Company)	<u>r.)</u>
The Articles of Organization for this Limited Liability	Company were filed on 2/7/17	and assigned
Florida document number <u>L17000030376</u>	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited Hability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	APP.
		The state of the s
		司 温流
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
	-	3 7
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	,	rida
	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, 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
AMBR	PATRICIA K MORGAN	4448 BETHANY LANE	Add
		TITUSVILLE, FL 321780	☐ Remove
			☐ Change
AMBR	TROY T MORGAN	4448 BETHANY LANE	Add'
		TITUSVILLE, FL 32780	□ Remove
			☐ Change
			Add ₹
			□ Remove
			☐ Changes
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			□ Change

ADDING PATRICIA AND T	ROY MORGAN TO LLC		
			
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tive date, if other than the	date of filing: 2/23/17	(optional)	
If the date inserted in this blo	ck does not meet the applicable sta	of filing or more than 90 days after filing.) Pursuant atutory filing requirements, this date will not l	to 605 be list
ment's effective date on the De	partment of State's records.		
cord enecifies a delayed	effective data, but inst as a	effective time, at 12:01 a.m. on the	ozeli.
90th day after the reco	rd is filed.	snecuve wine, at 12.01 a.m. on the	Ca1 111
FEBRUARY 23	2017		
PEBRUARI 25	,		
	0-140		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00