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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u>.</u>		

Office Use Only



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COVER LETTER

· TO:

TO: Registrat Division					
iDea	l Homes	LLC			
SUBJECT:		Name of Lim	ited Liability Company		_
The enclosed Artic	eles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all co	orrespon	dence concerning this matter	to the following:		
		Jose L Medina			
			Name of Person		
		iDealHomes LLC			
		<u> </u>	Firm Company		
		6203 SW 55 Ct			
			Address		— 100 00 00 00 00 00 00 00 00 00 00 00 00
		Davie, FL 33314			- 15 원 - 2 원
			City/State and Zip Code		, -
		jose@idealhomes.com			
For further inform	ation co	E-mail address: (neerning this matter, please co	to be used for future annual reall:	eport notification)	49 를 - 자연 를 건설 를
Jose L Medina			786 419-	-6994	
1	Name of	Person	Area Code	Daytime Telephone Num	ıber
Enclosed is a chec	k for the	e following amount:			
■ \$25.00 Filing	Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif osed) Certif	Filing Fee, Teate of Status & Ted Copy Onal copy is enclosed)
Mailing /			Street Ado		
Registra		ection orporations	_	tion Section of Corporations	
P.O. Bo				tre of Tallahassee	
		L 32314		Monroe Street, Suite	e 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iDeal 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 $\frac{4/18/2017}{2}$ and assigned Florida document number L1300168576. 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 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

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 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	Nicholas Rodriguez	11140 NW 19 St Pembroke Pines, FL 33026	□Add		
			\exists Remove		
			□Change		
VP	Sailyn Cortes	6203 SW 55 Ct Davie,FL 33314	≣ ∧dd		
			🖸 Remove		
			□Change		
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ote: If the date ins	erted in this blo	ek does not m	nect the appl	icable statu	tory filing r	equirement	s, this da	te will r	not be lis	sted as
cument's effective	date on the De	partment of S	tate's record	ls.						
ecord specifies a d is filed.	elayed effective	date, but not	an effective	time, at 12	:01 a.m. on	the earlier o	of: (b) = 1	The 90tl	h day aft	er the
January 12, 2	024		_							
icu)							
			/							
		Signature of a	771.ZN							

Typed or printed name of signee