## 117000092133

(Requestor's Name)
(Áddress)
(Address)
(vidices)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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Office Use Only



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2022 FEB 17 (\*\*1 9)

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

Pnone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 492882 8056101
AUTHORIZATION: Spelle Read
COST LIMIT : \$ 28.00
ORDER DATE : February 17, 2022
ORDER TIME : 2:31 PM
ORDER NO. : 492882-005
CUSTOMER NO: 8056101
DOMESTIC AMENDMENT FILING
NAME: HANOVER FAMILY BUILDERS, LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland EXT#

EXAMINER'S INITIALS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Com</u> (A Florida Limited	nany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan	ny were filed on 04/25/2017	and assigned
Florida document numberL17000092133		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
he new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	660 Newport Center Drive, Suite 300	
Principal office address MUST BE A STREET ADDRESS)	Newport Beach, CA 92660	2023
		— .— <u>—</u>
Enter new mailing address, if applicable:	660 Newport Center Drive, Suite 300	
Mailing address MAY BE A POST OFFICE BOX)	Newport Beach, CA 92660	- i
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## 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

Zip Code

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	Landsea Homes of Florida LLC	660 Newport Center Drive, Suite 300	<b>∃</b> Add
		Newport Beach, CA 92660	□Remove
			🗆 Change
MGR	OROSZ, STEPHEN	605 COMMONWEALTH AVENUE	□Add
		ORLANDO FL 32803	■Remove
			□Change
MGR	OROSZ, J. MATTHEW	605 COMMONWEALTH AVENUE	282 172 174
		ORLANDO FL 32803	Remove
		<u> </u>	□ Change
MGR	OROSZ, ANDREW J	605 COMMONWEALTH AVENUE	- &
		ORLANDO FL 32803	≣Remove
			□Change
Co-Pres,7	OROSZ, STEPHEN W	605 COMMONWEALTH AVENUE	□Add
		ORLANDO FL 32803	■Remove
		605 COMMONWEALTH AVENUE	□ Change
Co-Pres	OROSZ, J. MATTHEW	ORLANDO FL 32803	🗆 Add
			Remove
			□ Change

Remove FRANKS, WILLIA	M C (VP).	
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tive date, if other than the fective date is listed, the date must	be specific and cannot be prior to date of file	(optional) ing or more than 90 days after filing.) Pursuant to 60
If the date inserted in this blo	ck does not meet the applicable statuto	ry filing requirements, this date will not be lis
ient's effective date on the De	partment of State's records.	
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ra specifies a delayed effective iled.	tuate, out not an effective time, at 12:0	I a.m. on the earlier of: (b) The 90th day aft
February 17	. 2022	_
	·· /	7
	Signature of a member or authorized represe	

Filing Fee: \$25.00