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(Requ	estor's Name)	
(Addre	ess)	
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(City/s	State/Zip/Phon	ne #)
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COVER LETTER

TO: Registration Sect Division of Corpo			· .
SUBJECT:	Some of Limi	OS Homes LC led Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	
	Durnel	Name of Person	<u></u>
	<u> </u>	Stoms Homes	LLC
	285 Higgs	Address	In by FL
	Palm	City/State and Zip Code	<u>aon</u>
	E-mail address: (t	o be used for future annual report notific	ation)
For further information cor	cerning this matter, please ca	ill:	
Dame of I	Marson Person	at (33) Area Code Daytime	elephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 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)

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

1 80 Custams 1	Homes LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LIMOOGGGCC</u> .	were filed on $05/0i/2017$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabi	es LLC	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1202 Heliac Street Palm by Fl 32907	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	FL 32907 aux Palm Day	}
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		<u>:w</u>
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street address	
	City , Florida	
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	GERAND thomas	1390 Buffing Circle	
		1390 Buffing Circle St Palm Day F1 319	Remove
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ective date, if other than the date of filing: effective date is fisted, the date must be specific and cannot be prior to date of filing or more to each of the date inserted in this block does not meet the applicable statutory filing refunent's effective date on the Department of State's records.	(optional) than 90 days after filing.) F equirements, this date w	Pursuant to 605.0 ill not be listed
record specifies a delayed effective date, but not an effective time he 90th day after the record is filed.	ie, at 12:01 a.m. or	n the earlier
ed January 19. 2018.		

Page 3 of 3

Filing Fee: \$25.00