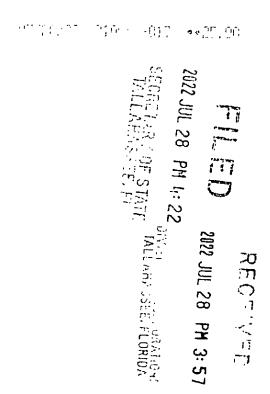
L17000117009

(Requestor's Name)
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A. BUTLER
JUL 28 2022

COVER LETTER

Di	vision of Cor	porations					
CHB IPZT.	AMAZINO	THOME IN ORLANDO LLC	•				
SUBJECT:	<u> </u>	Name of Limited Liability Company					
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retur	n all correspo	endence concerning this matter	to the following:				
		GUSTAVO MEJIAS					
		Name of Person					
	AMAZING HOME IN ORLANDO LLC						
	Firm/Company						
1101 MIRANDA LANE #134 Address							
City/State and Zip Code !NFO@JCBSOLUTIONSINC.NET							
	leation)						
For further i	information c	oncerning this matter, please c					
GUSTAVO	MEJIAS		866 296-1833				
	Name o	f Person	म () Area Code Daytime	Telephone Number			
Enclosed is	a check for th	ne 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)			
	iiling Addres		<u>Street Address:</u> Registration Sec	tion			
		forporations	Division of Con				

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

AMAZING HOME IN ORLANDO LLC

2022 JUL 28 PM 4: 23

Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on $_{-}^{05/26/2017}$ and assigned Florida document number 1.17000117009 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 "LLC." 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: Same of New Registered Agent: New Registered Office Address: Enter Florida street address _. 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MARIA E. GOMEZ	1101 MIRANDA LANE #134	
		KISSIMMEE, FL 34741	☐Remove
			□Change
			□Add
			Remove
			□Change
			🗆 🗖 Add
			□Remove
			□Change
-		<u> </u>	
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			□Remove

	
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Note: If	e date, if other than the date of filing:
e record s rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
)ated	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member