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D. SCOTT AUG 8 2017

COVER LETTER

	stration Sect sion of Corpo			ı
SUBJECT:	¥	Stary Name of Lim	Homes Lited Liability Company	<u>LC</u>
		mendment and fec(s) are sub		
Please return	all correspon	dence concerning this matter	to the following:	
		Luca	S Flynr	
		K Star	Y Homes	uc'
		1351 1	OKCUEW D	<u> </u>
		Pelan	d FL 32 ⁻ City/State and Zip Code	720
		E-mail address:	to be used for future annual report notif	Hook COM
For further in	formation co	ncerning this matter, please c	all:	٠
(Sino Name of	News Person	at (280) 747 Area Code Daytime	9097 e Telephone Number
				,
Enclosed is a	check for the	following amount:		
\$25.00 F	iling 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)
	Registra	NG ADDRESS: tion Section of Corporations	STREET/COURI Registration Section Division of Corpor	ក .

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	d Liability Company as it A Florida Limited Liability	now applears on our rec	onls.)	
The Articles of Organization for this Limited Li	ability Company were f	i }	IJ <u>;</u>	and assigned
This amendment is submitted to amend the folio	wing:			
A. If amending name, enter the new name of	the limited liability co	mpany here:		•
The new name must be distinguishable and contain the w	ords "Limited Liability Con	puny," the designation "	LLC" or the abi	breviation "E.L.C."
Enter new principal offices address, if applications	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)			
B. If amending the registered agent and/registered agent and/or the new registered of	or registered office a fice address here:	ddress on our reco	ords. enter	the name of the new
Name of New Registered Agent:	Kathleen	Starr F	- Lynn	<u> </u>
New Registered Office Address:	1351 Lak	Exict Phridustrees add		
	Deland		Florida	32720
	Cu	у		121/ C 626

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 = Au	thorized Member	'	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MAR	Kathleen Starr Flynn	1351 Lakeview? Deland Fl 32720	Dr 💆 Add
	Flynn	Deland FL 32720	□ Remove
			Change
MGR	Nathan Flym	Saz Springwood D Orlando FL 372836	V _ J Add
	·	Orlando FL 32830	} □ Remove
			Change
			Add
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Note: If the document's	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more the date inserted in this block does not meet the applicable statutory filing requestive date on the Department of State's records.	quirements, this date was not be listed a
f the record b) The 90th	specifies a delayed effective date, but not an effective time a day after the record is filed.	e, at 12:01 a.m. on the earlier c
Dated	26, July 2017.	· .
,	Signature of a member or authorized representative of a	member

Page 3 of 3

Filing Fee: \$25.00