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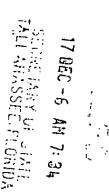
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| PICK-UP                 | ☐ WAIT              | MAIL        |
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| Certified Copies        | Certificates        | s of Status |
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## **COVER LETTER**

| TO: Registration Section   |
|--|
| SUBJECT: OPTION ONE INVESTMENT HOMES LLC Name of Limited Liability Company   |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:  |
| MOICE THOMAS  Name of Person   |
| Firm/Company   |
| 4221 W SPruce St Unit1416  |
| Address  |
| City/State and Zip Code  |
| City/State and Zip Code  Magno 1942 at 212 yelloo. Com  E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| unola momas  at (613) 382 - 517 1  Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

OPTION ONE INVESTMENT 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 Florida document number <u>L1700024</u> 0903  | filed on $\frac{11/22/17}{}$ and assigned   |
|--|---|
| This amendment is submitted to amend the following:  |   |
| This amendment is submitted to amend the following.  |   |
| A. If amending name, enter the new name of the limited liability co  | ompany here:  |
| The new name must be distinguishable and contain the words "Limited Liability Cor  | npany," the designation "L.L.C." 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 a registered agent and/or the new registered office address here:  Name of New Registered Agent:  | address on our records, enter the name of the new   |
| New Registered Office Address:   | <u> </u>  |
|  | Enter Florida street address  |
|  | iy Florida Z L  |
| New Registered Agent's Signature, if changing Registered Agent:  |   |
| I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfoaccept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office address company has been notified in writing of this change. | rmance of my duties, and I <del>by</del> rfamiliar with and<br>led for in Chapter 605, F.S. Or, if this document is |

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 Type of Action Address <u>Title</u> <u>Name</u> Had WSPruce St UnitHILD noise thomas MBR tump9, F1 33607 ☐ Remove \_□ Change bbA □\_\_\_\_ Add \_□ Remove \_ Change \_□ Add ☐ Remove \_□ Change □ Add ☐ Remove \_\_ 

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Filing Fee: \$25.00