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COVER LETTER

TO: **Registration Section Division of Corporations** NEW HOME ORLANDO LLC SUBJECT: 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: VICTORIA MORAES Name of Person ASSELFIS INTERNATIONAL LLC Firm/Company 7901 KINGSPOINTE PARKWAY SUITE 10 Address ORLANDO FL 32819 City/State and Zip Code VICTORIA@ASSELFIS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 826-1034 VICTORIA MORAES 407 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **\$25.00** Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address:

Certified Copy

(additional copy is enclosed)

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

Certificate of Status & Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Charles Oslando

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp		and assigned
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 I	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		20
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u> </u>
		于 验
		5,5
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a
	City	Zin Code

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>	<u>Address</u>	Type of Action
			□ Add
			□Remove
			□Change
			□Add
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ective date, if other than	the date of filing:		(optional)	
effective date is listed, the date	must be specific and cannot be pri	or to date of filing or more	than 90 days after filing.) Purs	uant to 605.0207
er in the date inserted in this ument's effective date on the	s block does not meet the app e Department of State's record	is.	equirements, this date with	iot de fisteu as
cord specifies a delayed effe s filed.	ctive date, but not an effective	time, at 12:01 a.m. on t	the earlier of: (b) The 90th	n day after the
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June 16	2020			
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1 tich	Signature of a member or au			

Typed or printed name of signee