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COVER LETTER

TO: Registration Division of C				
D & A C SUBJECT:	CHOICE HOMES LLC			
SUBJECT:	Name of Limited	d Liability Com	pany	
The enclosed Articles	of Amendment and fee(s) are submi	itted for filing.		
Please return all corres	spondence concerning this matter to	the following:		
	ALVIN S DELANEY			
		Name of Pe	irson	
	D & A CHOICE HOMES LL	.c		
		Firm/Comp	pany	
	14776 ROTHSCHILD AVE			
		Address	<u> </u>	
	PORT CHARLOTTE, FL 33	953		
		City/State and 2	Lip Code	
	ASDJR2@GMAIL.COM		1 12	·
For further information	n concerning this matter, please call:	}	re annual report notifi	(cation)
	-		510 C#33	
ALVIN S DELANEY		305 at (510 6733	
.Nam	e of Person	Area C	ode Daytime	Telephone Number
Enclosed is a check fo	r the following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Fili Cert fied (additional o		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, FL 32314		STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Fallahassee, FL 323	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D & A CHOICE HOMES LLC		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) da Limited Liability Company)	
(Company)	
The Articles of Organization for this Limited Liability	Company were filed on January 8, 2018	and assigned
Florida document number L18000007189	<u>.</u> .	
This amendment is submitted to amend the following:		
The anomalient is submitted to affecte the trillowing.		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the	. マッ
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	EB AH
		ASS ASS 13
		, WOLL
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
(Mailing address MAY BE A POST OFFICE BOX)		CI CM
B. If amending the registered agent and/or registered agent and/or the new registered office ade	stered office address on our records, ente	r the name of the
The second will be seen that and the second of the second	u cs nere.	•
Name of New Registered Agent:		
New Registered Office Address:		•
	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Florida	abbreviation "L.L.C." 18 FEB ARK OF STATE PH 7 SEE FLORIDA The name of the state
	City	Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties, and I an igent as provided for in Chapter 605, F.S. O ed office address. I hereby confirm that the l	familiar with and familiar with and familiar with a familiar w
	If Changing Registered Agent, Signature of New I Page 1 of 3	Registered Agent

IGR = I MBR = .	Manager Authorized Member		
<u>itle</u>	<u>Name</u>	Address	Type of Action
1BR	Amos L Allen	14776 Rothschild Ave.	
		Port Charlotte, FL 33953	☐ Remove
			, □ Add
		Remove	
		Change	
			Add
	- 	Remove	
		Change	
	······································		
		☐ Remove	
			☐ Change
		_	Add
		Remove	
			Change
		_	
		☐ Remove	
			□ Change

If amending any other information	n, enter change(s) here:	(Attach additional sheets, if necessary.)	
			TAL SE
		TEB	CRET
			ARY C
		경	OF STA
		7: 55	RIDA
			
			
	e specific and cannot be prior to k does not meet the applicab	(optional) date of filing or more than 90 days after filing.) Pursuant to 605 de statutory filing requirements, this date will not be liste	
he record specifies a delayed e The 90th day after the recor	effective date, but not d is filed.	an effective time, at 12:01 a.m. on the earlie	er of:
Dated February 12th	2018	_•	
M	25. Dalan	حد	
Si	gnature of a member or aftiror	red representative of a member	
	1		

Page 3 of 3

Filing Fce: \$25.00