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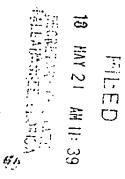
(Re	equestor's Name)		
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PICK-UP	WAIT	MAIL	
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→ SIMMONS
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## **COVER LETTER**

Div	ision of Corp	porations		
SUD DEEP	GOLDMAN	N HOMES LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		KAAN ALTUNBAY		
			Name of Person	<del></del>
		GOLDMAN HOMES LLC	•	
			Firm/Company	<u>_</u>
155 S. COURT AVE UNIT 1516				
			Address	
		ORLANDO FL 32801		
			City/State and Zip Code	
		EROLALTUNBAY@YAH  E-mail address: (1	OO.COM to be used for future annual report notific	cation)
or further in	iformation co	oncerning this matter, please ca		
KAAN ALT	UNBAY		407 474-8861	
Name of Person		Person	at (Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling Fee	S30.00 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)
	MAILI	NG ADDRESS:	STREET/COURIE	R ADDRESS:

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

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLDMAN HOMES LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as i <mark>t now appears on our record</mark> Liability Company)	<u>K.</u> )
The Articles of Organization for this Limited Liability Company Florida document number L18000050054	were filed on <u>02/26/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	57/3 H
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8743 ALEGRE CIR	2 1
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32836	7. 1 E
Enter new mailing address, if applicable:	155 S.COURT AVE	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	UNIT 1516	
	ORLANDO FL 32801	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		s, enter the name of the r
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street addres	
	El	orida
	Cuv	Zip 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
AMBR	EROL ALTUNBAY	155 S. COURT AVE UNIT1516	
		ORLANDO FL 32801	■ Remove
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	<del></del>		
			Remove
			Change
			S-Add Remove
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(If an effective Note: If the	date, if other than the date is listed, the date the date inserted in the s effective date on the	must be specifi is block does t	e and cannot be just the ap	plicable statutory	or more than 90 days	optional) safter liling.) Pursuant to s, this date will not be	605.0207 (3) listed as the
	specifies a dela th day after the			not an effecti	ve time, at 12:	01 a.m. on the ea	riier of:
Dated MA	Y 19TH	. 1	2018				
_,		TA A	gAD)				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00