L170000 91891

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COVER LETTER

TO: Registration Section

SUBJECT: Name	of Limited	Liability Company	
Dear Sir or Madam:		\$ *** *	
The enclosed Registered Agent/Registered Office	ce Change a	und fee(s) are submitted for filing	7.
Please return all correspondence concerning this		`	•
DORINA LIPOVANCIUC			
Name of Person			
RE FLORIDA HOMES LLC			
Firm/Company			
3800 S OCEAN DRIVE, APT 511			
Address			· 1 5.
HOLLYWOOD, FL 33019			Fedd Find
City/State and Zip Code			्र <u>वि</u>
DORINA@REFLORIDAHOMES.COM			Si
E-mail address: (to be used for future annua	al report no	tification)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, p	lease call:		. 3
DORINA LIPOVANCIUC	954	614 - 4274	
Name of Person	_ at (Area Code & Daytime Telep	phone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	F E F	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314	
Enclosed is a check for the following a	nzount:		
3 \$25 Filing Fee		\$55 Filing Fee & Certified Copy	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RE FLORIDA HOMES, LLC						
(Name of the Lin	nited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Florida document number L18000091891	Liability Company	y were filed on 4/12/2018	ar	nd assigned	i	
This amendment is submitted to amend the fo	llowing:					
A. If amending name, enter the new name	of the limited liab	pility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company " the designation "I I C" or the	abbresisti	~ "I I C "		
Enter new principal offices address, if applicable: 2719 HOLLYWOOD BLVD, A-1395						
(Principal office address MUST BE A STRE		HOLLYWOOD, FL 33020				
Enter new mailing address, if applicable:		3800 S Ocean Drive, Apt. 511				
(Mailing address MAY BE A POST OFFICE	HOLLYWOOD, FL 33019					
			. .	<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered of office address here	ffice address on our records, <u>ente</u> e:	r the na	me of the	e new	
Name of New Registered Agent:	GABRIELA BU	JERY	:	ري	1 - 1- 1-	
New Registered Office Address:	2/19 HOLLY WOOD BLVD, A-1395			\triangleright		
	HOLLYWOOD	Enter Florida street address	3020-	ာ မွာ	_	

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.

City

If Changing Registered Agest Bignature of New Registered Agent

, Florida ³³⁰²⁰ ·

Page 1 of 3

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> **Type of Action** <u>Name</u> Address Lipovancinc _____ 🗀 Add ☐ Change _□ Add _□ Remove _□ Change □ Add _□ Remove _□ Change ☐ Remove ☐ Change ₽Add □ Remove □ Change

D. If amo	ending any other informa	tion, enter change	e(s) here: (Atta	ch additional s	heet <mark>s, if necessa</mark>	ry.)	
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E. Effect	ive date, if other than the feetive date is listed, the date mu	date of filing:	be prior to date of	- 1	optional (optional). 🗇	05 0207 (3Vb)
Note:	If the date inserted in this b nent's effective date on the E	lock does not meet th	ie applicable stati	story filing requ	irements, this dat	e will not be lis	sted as the
accum.	and a creeding date on the is	epartment of thine s	records.				
	cord specifies a delaye 90th day after the rec		but not an ef	fective time,	at 12:01 a.m	on the ear	lier of:
		ora is mea.			1		
Dated	<u> </u>	_ 	·	1/19//			
	`		MU				
		Signature of a member	r or authorized rep	resentative of a m	ember		
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			for printed name o	Ceianea			

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Filing Fee: \$25.00