## LIS 000135596

(Re	questor's Name)	
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Corpora	tions		
SUBJECT:	Baron Name of Lin	Homes LL (	n 
The enclosed Articles of Amer	ndment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ce concerning this matter	to the following:	
_	Jeremia	Name of Person	
	eremiah B	arm + Co. Com	omercial Real Estate
<u>L</u>	t9 SW F	Flagier Ave. 50	it 381
	Stuary, baro	City/State and Zip Code  Commercial report notified to be used for future annual report notified.	alestate (10.000
For further information concern			(3)
		at ( <u>777</u> ) <u>286 -</u> Area Code Daytime	
Enclosed is a check for the follo	wing amount:		
©\$25.00 Filing Fee ☐ \$	330.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 FilingrEse, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corpora P.O. Box 6327		Street Address: Registration Secti Division of Corpo The Centre of Tal	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

J Boron	Homes 2LC
(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited I	Liability Company were filed on $5-31-2018$ and assigned
Florida document number <u>L1800013</u>	
This amendment is submitted to amend the fol	lowing:
A. If amending name, enter the new name of	of the limited liability company here:
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	
(Principal office address MUST BE A STREE	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	BOX)
B. If amending the registered agent and/or r agent and/or the new registered office addres	egistered office address on our records, enter the name of the new registered
	<u>~</u>
Name of New Registered Agent:	Jeremiah Baron
New Registered Office Address:	49 SW Flagler Am. Soit 3011
	Enter Morida street address
	City Florida 3499 Zip Code
New Registered Agent's Signature if abonging to	lambelance de la constantina della constantina d

red 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>	Name	Address	Type of Action
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ocumei	nt's effective date	on the Departme	nt of State's	records.					
eco <b>r</b> d	enucifies a delayad	l offactive data. I			. 12.01		2 4 5		
is file	specifies a delayed d.	refrective date, t	out not an eri	ective time,	at 12:01 a.m.	on the earli	er of: (b)	The 90	th day after the
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