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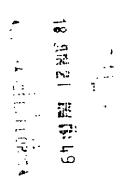
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COVER LETTER

TO: Registration Section Division of Corporations				
CALIMIA HOMES, LLC				
SUBJECT:	Name of Lim	ited Liability Company		
	s of Amendment and fee(s) are sub	•		
	ALEA ZANNETTI			
	 .	Name of Person		
	ANGELL & COMPANY,	PLLC		
		Firm/Company		
	5700 CROOKS RD., SU	TIE 102		
		Address		
	TROY, MI 48098			
		City/State and Zip Code		
	moniquemiller55@gmail.com			
	E-mail address: (to be used for future annual repor	rt notification)	
For further information	on concerning this matter, please ca	alt:		
ALEA ZANNETTI		248 649-87	7 20	
Nar	ne of Person	at () Area Code D	aytime Telephone Number	
Enclosed is a check for	or the following amount: paya	ble to "Florida	Rept. of state"	
■ \$25.00 Filing Fee	c □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status &	
	AILING ADDRESS:	STREET/CO	DURIER ADDRESS:	

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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CALIMIA HOMES, LLC		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records. ed Liability Company))
The Articles of Organization for this Limited Liability Compa	iny were filed on 6/7/2018	and assigned
Florida document number L18000141151		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
CALIMIA HOME, LLC		
The new name must be distinguishable and contain the words "Limited Lis	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		* **
		2
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
Mailing address MAY BE A POST OFFICE BOX)		- F
		<u> </u>
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address h	office address on our records, ere:	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	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>	Address	Type of Action	
			Add	
			□ Remove	
			Change	
			Add	
•			Remove	
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£. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) Nute: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: b) The 90th day after the record is filed. Dated JUNE 12 2018 Signature of a member or authorized representative of a member		mation, enter change(s) here: (Attach additi	
E. Effective date, if other than the date of filing:			
Effective date, if other than the date of filing:			
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Mmmf.	JUNE 12	2018	
Signature of a member or authorized representative of a member	VMM	mit.	
	/\	Signature of a member or authorized representative	of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00