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COVER LETTER

TO:

то:	Registration Se Division of Cor			·	
CHD ICA	C- (-)	trantoni Homes LLC			
SUBJEC	CT:	Name of Lim	ited Liability Company	 	
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Nicholas C Petrantoni			
			Name of Person		
		Maconi-Petrantoni Homes	LLC		
			Firm/Company	 -	
		1540 Riverside Dr			
			Address		
		Tarpon Springs, FL 34689			
		City/State and Zip Code npetrant@gmail.com			
			to be used for future annual report notif	lication)	
For furth	ner information c	oncerning this matter, please ca	all:		
Nichola	cholas C Petrantoni 727 599-5889				
	Name o	of Person	Area Code Daytime	e Telephone Number	
Enclosed	d is a check for the	he following amount:			
\$25.	.00 Filing Fee	□ \$30.00 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)	
	Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	n	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000207854</u> .	were filed on August 30, 2018 an	d assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	· ·	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		ame of the
	_	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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
MGR	Nicholas C Petrantoni	1540 Riverside Dr Tarpon Springs, FL 34689	Add
			Remove
			Change
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			ਰ•ੇ □ Change
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			Change

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in effective date, it other than the date of filing:	(optional) to date of filing or more than 90 days after tiling.) Pursuant to 605.020
ote: If the date inserted in this block does not meet the applic	able statutory filing requirements, this date will not be listed a
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but no The 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the earlier of
November 5 _ 2018	
nted	<u> </u>
	orized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00