L'18000 208 484

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| то: | Registration Sec Division of Corp | | | | | |
|--|--------------------------------------|---|---|--|--|--|
| CLYD II | | HOME LLC | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | | |
| The er | nclosed Articles of A | Amendment and fee(s) are subr | nitted for filing. | | | |
| Please | return all correspor | ndence concerning this matter t | o the following: | | | |
| | | Orlando L Izquierdo Jr | | | | |
| | | | Name of Person | | | |
| | | IZZY WAY HOME LLC | | | | |
| | | - | Firm/Company | | | |
| | | 4421 18TH ST N | | | | |
| | | | Address | | | |
| | | ST PETERSBURG, FL 3 | 3714 | | | |
| | | | City/State and Zip Code | | | |
| | | izzisquadhomes@gmail.c | | | | |
| | | E-mail address: (to | o be used for future annual rep | ort notification) | | |
| For fu | rther information co | ncerning this matter, please ca | II: | | | |
| Orlan | do L Izquierdo | | 727 692-: | 5922 | | |
| | Name of | Person | Area Code | Daytime Telephone Number | | |
| Enclos | sed is a check for th | e following amount: | | | | |
| K) \$2 | 25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclose | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Pars on our records.)

A assi

IZZY WAY HOME LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| Florida document number L18000208484 | | ssigned |
|---|---|--------------|
| | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| IZZI SQUAD HOMES LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabili | ity Company," the designation "LLC" or the abbreviation | L.L.C." |
| Enter new principal offices address, if applicable: | 8404 N Rome Ave LOT 1 | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | 2424412 | |
| Enter new mailing address, if applicable: | 8404 N Rome Ave LOT 1 | |
| (Mailing address MAY BE A POST OFFICE BOX) | Tampa, Fl 33604 | |
| | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | e of the new |
| | | e of the new |
| registered agent and/or the new registered office address here | ;: | e of the new |
| registered agent and/or the new registered office address here Name of New Registered Agent: | Enter Florida street address | |
| registered agent and/or the new registered office address here Name of New Registered Agent: | Enter Florida street address | |
| registered agent and/or the new registered office address here Name of New Registered Agent: | Enter Florida street address | e of the new |

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 |
| | | | Change |
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| . If amending any other informa | tion, enter change(s) here: (Attach additional sheets, if necessary.) |
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| | |
| . Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this blo document's effective date on the Do | e date of filing: |
| the record specifies a delayed) The 90th day after the reco | d effective date, but not an effective time, at 12:01 a.m. on the earlier of cord is filed. |
| January 31 | 2019 |
| | |
| . <u>.</u> | Signature of a member or authorized representative of a member |
| Orlando L Izquierdo J |)r |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00