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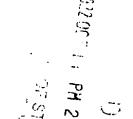
A. RIVERS

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COVER LETTER

Registration Section Division of Corporations

TO:

FATM	A HIGĐON LLC		
Substicer.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	FATMA HIGI	OON	
		Name of Person	
	FATMA HIGDON LLC		
		Firm/Company	
	6061 Charloma Dr		
		Address	· · ·
	Lakeland, FL 33812		
		City/State and Zip Code	
	fatma.higdon@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this marter, please c	all:	
FATMA HIGDON		863 209-5243	
Name (Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Fallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FA TMA F	HIGDON LLC		
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number	iability Company	were filed on 19/09/2018	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
Higdon Homes Mobile Home Broker LLC		· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:	6061 Charloma Dr Lakeland, FL	33812
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
			120-1-1-1
P. If any and is such a supplied and	and a ffine		
B. If amending the registered agent and/or range agent and/or the new registered office addre		address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:	Fatma Higdon		
New Registered Office Address:			022 ,
New Registered Office Address.		Enter Florida street address	
	Lakeland	Flori	and assigned and and and assigned and and assigned and
		City	Zin Carlo
New Registered Agent's Signature, if changing l	Registered Agent:		7 (2)
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as p registered office	performance of my duties, and provided for in Chapter 605, F.S.	ner agrey to Amply with the I am familiar with and S. Or, if this document is
	If Chai	nging Registered Agent, Signature of N	ew 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	Fatma Higdon		6061 Charloma Dr Lakeland, FL 33812	
				□ Remove
				□ Change
				□Add
	; ;			□Remove
				Change
				□Remove
				☐ Change
				🗆 Add
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effective date	if other than t is listed, the date to c inserted in this	nust be specific an	nd cannot be prior to	date of filing or mo	re than 90 days after	o nal) filing.) Pursuant to 60 s date will not be lis	05.020 sted a:
ument's effe	ctive date on the	Department of	State's records.		, ,		
cord specific filed.	s a delayed effec	tive date, but no	ot an effective time	e, at 12:01 a.m. o	n the earlier of: (b) The 90th day aft	ter the
edO	etober, 11		2022	.•			
	- (-)	Signature of a	a member or author	ed representative	of a member		
	FATMA HIGD		<u> </u>	[
-			Typed or printed	numa of cianau			

Filing Fee: \$25.00