L18000224965

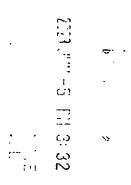
(Requestor's Name)
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COVER LETTER

TO:

Registration Section

Division of Co	orporations		,
	HOMES LLC		
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ROSI ALVES		
		Name of Person	
	TRUST SOLUTION TAN	X & BOOKKEEPING LLC	
	·	Firm/Company	
	7031 GRAND NATIONA	L DR SUITE 111	
		Address	
	ORLANDO - FL - 32819		~>
		City/State and Zip Code	
	ROSI@TRUSTSOLUTIO	NTAX.COM to be used for future annual report not	
For further information	concerning this matter, please c	·	illication)
ROSLALVES		407 705-9147	ئے۔ دن ، ، ،
	of Person	at ()	بن <u></u>
Name	0.1.1.0.001	Atea Code Daytin	ne Telephone Number (1) 10
Enclosed is a check for t	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)
Mailing Addre		Street Address:	<i>,</i> .
Registration Division of C		Registration Se Division of Cor	
P.O. Box 633 Tallahassee,	27	The Centre of T	Fallahassee
rananassee,	1 1. 34314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Comp: (A Florida Limited	iny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited 2. Torida document number L18000224965	Liability Company	were filed on <u>09/21/2018</u>	3	and assign	ed
his amendment is submitted to amend the fo	lowing:				
a. If amending name, enter the new name	of the limited liab	oility company here:			
WA.					
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	n "LLC" or the abb	reviation "L.L.C	
inter new principal offices address, if appli	cable:	N/A		70	
Principal office address MUST BE A STREET ADDRESS)				د. م	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
				c)1	
		7031 GRAND NATIONAL DR SUITE HI			
		ORLANDO - FL - 3281	9	<u></u>	
				7>	
s. If amending the registered agent and/or gent and/or the new registered office addr	registered office		•		341
Name of New Registered Agent:					_
New Registered Office Address:	7031 GRAND	NATIONAL DR SUITE I		_	
		Enter Florida street			
	ORLANDO	·	, Florida <u></u>	19	
		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
N/A	N/A	N/A	□Add
			□Remove
			□Chang e
			□Remove
			Change
			☐ Change
			∏Remove
			□Remove
			DChange
			Dbd
			□Remove
			□Add
			□Remove
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N/A			
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fective date, if other than th	e date of filing:	(optional)	
n effective date is listed, the date materials. If the date inserted in this b	ust be specific and cannot be prior to date of to block does not meet the applicable statu	(optional) filing of more than 90 days after filing.) Pursuant to 605 tory filing requirements, this date will not be liste	.02 0 ed.a
cument's effective date on the	Department of State's records.	sary ming requirements, this dire with his too hot	
ecord specifies a delayed effect is filed.	ive date, but not an effective time, at 12:	:01 a.m. on the earlier of: (b) The 90th day after	r the
is med.		. 33 	•
JUNE 1	2023		
	,	C;	
	Signature of a member or authorized repre	Corre	,
_	Signature of a member or authorized repro	esentative of a member	`
)	