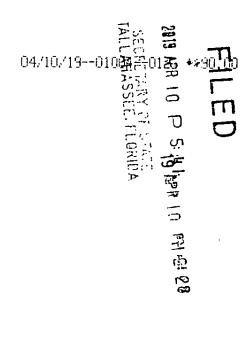
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COVER LETTER

TO: Registration Se Division of Co				
Heussner F	lomes, LLC			
	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Garret T Heussner		SECH TALLA	
	Heussner Homes, LLC	Name of Person	2319 APR 10 SECKETARY: ALLAHASSEE	FILE
	3380 Fred George Rd Apt	Firm/Company 402	E 07A C	D
	Tallahassec, FL 32303	Address	<u></u>	
	gtheussner@gmail.com	City/State and Zip Code		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notif all:	ication)	
Garret T Heussner		352 2864698		
Name o	of Person	at () Area Code Daytime	e Telephone Number	
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	
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	<u> </u>
Liability Company as it now appears on our rec Florida Limited Liability Company)	ords)
oility Company were filed on 11/05/2019	and assigned
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ls "Limited Liability Company," the designation "I	LLC" or the abbreviation "L.L.C.
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ADDRESS)	
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DX)	
	
registered office address on our reco	ords, enter the name of the n
e address here:	
· · · · · · · · · · · · · · · · · · ·	
Enter Florida street add	dress
	Florido
City	Florida
	registered office address on our reco

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>	<u>Address</u>	Type of Action
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Add
			AH ASS
			Add CORLINAY OF Charge Charge Add Add Add Charge Add Add Add Add
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90	(optional)
ote: If the date inserted in this block does not meet the applicable statutory filing requires ocument's effective date on the Department of State's records.	
edition 3 circuity and of the Bepartment of State 3 records.	
e record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	12:01 a.m. on the earlier o
April 09	
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Signature of a member or authorized representative of a mem	

Page 3 of 3

Filing Fee: \$25.00