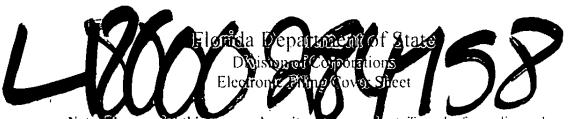
10:55 AM TO:18506176383 FROM:4079929407 Page: .05/342023



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SOUSA & ASSOCIATES INC

Account Number : I20190000111

Phone : (407)800-7028 Fax Number : (407)992-9407

**Ente	er the	email	address	for	this	busine	ess	entity	to	be	used	for	futu	re
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T. LIENTIEUX MAY 04 2023

05/3/2023 10:55 AM TO:18506176383 FROM:4079929407 Page: **COVER LETTER** TO: Registration Section Division of Corporations FA INVESTMENTS & HOMES LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Maria C Sousa Name of Person SA Finance & Accounting Inc Firm/Company 5728 Major Blvd Ste 309 Address Orlando Florida 32819 City/State and Zip Code licenses@safinace.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria C Sousa Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

Mailing Address: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>FA INVESTMEN</u>	TS & HOM	ES LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now and I Liability Compar	pears on our records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed	01/01/2019	and assigned
on Florida document number L18000284758			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company	here:	
The new name must be distinguishable and contain the words "Limited Lia"	bility Company," t	he designation "LLC" or the	e abbreviation "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 office	e address on ou	r records, enter the n	ame of the new register
agent and/or the new registered office address here:			, , , , ,
Name of New Registered Agent:			
New Registered Office Address:			:
	Enter	Florida street address	
	Cay	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		. 9

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.

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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
<u>AMBR</u>	ALINE DUARTE AUER LEITE	15493 SHOREBIRD LN	% Add
		WINTER GARDEN, FL 34787	□Remove
			□Change
			□Add
			Remove
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ocume	a seriective trate on the Department of State s (cooling)
record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is file	
ated _	April, 26
	Signature of a member or authorized representative of a member