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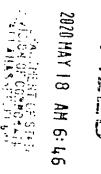
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JUN 0 9 2020 S. YOUNG

COVER LETTER

	istration S sion of Co	ection rporations		
SUBJECT:	EDWINE	MONTAS FLORIDA LUXU	RY HOMES LLC	
		Name of Li	imited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are su	abmitted for filing.	
Please return :	all correspo	ondence concerning this matte	er to the following:	
			EDWINE MONTAS	
			Name of Person	
		EDWINE MONTA	S FLORIDA LUXURY HOMES I	LLC
			Firm/Company	-
		6	801 WALLACE ROAD	
			Address	
		ORL	ANDO FLORIDA 32819	
			City/State and Zip Code	
		E-mail address:	(to be used for future annual report not	ification)
For further info	ormation co	oncerning this matter, please o	:all:	
EI	OWINE MO		407 922-7245	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a cl	heck for the	c following amount:		
□ \$25.00 Pili	ng Fee	S30.00 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)
	g Address:		Street Address:	
_	tration So	ection rporations	Registration Sec	
DIVIS	ion or co	idorations	Division of Core	acratica

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

287

EDWINE MONTAS FLORIDA LUXURY HOMES	SILIC	
	pany as it now appears on our records.) I Liability Company)	- 121 - C
(A Florida Limited	d Liability Company)	550 B
The Articles of Organization for this Limited Liability Compan	y were filed on APRIL 9, 2020	
Florida document number 1.19000015469	y word filed (a)	and assigned
		5 5
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limited lial	bility company here:	
EDWINE MONTAS LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or i	he abbreviation "L. L. C."
Enter new principal offices address, if applicable:	6801 WALLACE ROAD	The state of the s
	ORLANDO FLORIDA 32819	
(Principal office address MUST BE A STREET ADDRESS)	OICEANDO FEORIDA 32819	
Enter new mailing address, if applicable:	11905 CAMDEN PARK DRIVE	
(Mailing address MAY BE A POST OFFICE BOX)	WINDERMERE FLORIDA 34786	
B. If amending the registered agent and/or registered office a	address on our records, enter the n	name of the new registered
agent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·	the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florido street address	
	Pi ti	
	City Florida	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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			🗆 Add
			□Remove
			[] (Thange
			(7)Add
			DRemove
			□ Change
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Effective d	ate if other than the date of filing.
f an effective	ate, if other than the date of filing:
· · · · · · · · · · · · · · · · · · ·	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
,	orecare date on the Bepartment of Maie S records.
r record con-	rifier a delevant officering data to a construction of
rd is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
APR.	L 9 2020
	- Edwike HAONTA
-	Signature of a member or authorized representative of a member
	EDWINE MONTAS
	Typed or printed name of signee

Filing Fee: \$25.00