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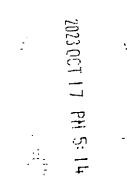
(Requestor's Name)
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:

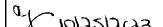
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE		HOMES VERO BEACH, LL	С	
30 Date		Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		TERRY BORCHELLER		
			Name of Person	
		<del></del>	Firm/Company	
		6320 SALMON PLACE		
			Address	
		VERO BEACH, FL 32967	7	
			City/State and Zip Code	
		terryborcheller@aol.com	to be used for future annual report notifi	(cation)
For furth	ner information co	oncerning this matter, please c	•	Carrony
TERRY	BORCHELLER		678 677-5861	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	e following amount:		
□ <b>\$</b> 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 Address Registration S		Street Address: Registration Sect	tion

Division of Corporations 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

2023 OCT 17 PH 5: 14

HULBERT HOMES VERO BEACH, LI	LC				
(Name of the Limited Li (A F)	ability Compa lorida Limited I	ny as it now appears on our records.) iability Company)	1, F		
The Articles of Organization for this Limited Liabili Florida document number	ity Company	were filed on 1/14/2019	and assigned		
This amendment is submitted to amend the followin	g:				
A. If amending name, enter the new name of the	limited liab	ility company here:			
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."		
Enter new principal offices address, if applicable		6320 SALMON PLACE			
(Principal office address MUST BE A STREET ADDRESS)		VERO BEACH, FL 32967			
Enter new mailing address, if applicable:		6320 SALMON PLACE			
Mailing address MAY BE A POST OFFICE BOX)		VERO BEACH, FL 32967			
			_		
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office a <u>re</u> :	ddress on our records, <u>enter the n</u>	ame of the new registered		
Name of New Registered Agent:	ERRY BORC	HELLER			
New Registered Office Address: 63	320 SALMON				
		Enter Florida street address			

## 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.

Vero Beach

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
MGR	MARK HULBERT	P.O. Box 6254	
	Mad Half	Lakeland, FL 33807	■Remove
	1 / ( 0 / )		□Change
MGR	KYLE HULBERT	P.O. Box 6254	□Add
	A M	Lakeland, FL 33807	≣Remove
			□Change
	•	<del></del>	□Add
		<del></del>	□Remove
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e: If the date inserted in this blocument's effective date on the Dep	ck does not me	et the applical	ole statutory fili	ng requirements	this date will	not be listed a
cord specifies a delayed effective filed.	date, but not ar	ı effective tim	ie, at 12:01 a.m.	on the earlier of	of: (b) The 90	Ith day after th
ed June 26	11/	2023				
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Typed or printed name of signee