L19 0000 32055

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COVER LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT: 2 (2	A Homes in			
SUBJECT: — F- C	A HOMES LLC Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Picase return all correspo	ondence concerning this matter	to the following:		
	GUST	avo Yamin Name of Person		
	26A	HOMES, LLC Firm/Company		
	3255 Amber	1ey Park Cir. Address		
		F1 34743 City/State and Zip Code		
	Omar Vamin & E-mail address:	to be used. For future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
GUSTAVO Name o	1 Amin f Person	at (407) 729 Area Code Daytim	- 6 V6 2 ne Telephone Number	
Enclosed is a check for the	ne following amount:			
S25.00 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 Addres Registration S	Section	Street Address: Registration Sec		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF WELL STATE AND STATE AN

RGA HOMES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) 21 APR 26 PN 3: 17 The Articles of Organization for this Limited Liability Company were filed on 1/31/2019 and assigned Florida document number L19 0000 32 055 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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.

City

_, Florida ___

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		SVINION OF LOUIS AND IN		
<u>Title</u>	<u>Name</u>	Address 21 APR 25 PH 3: 17	Type of Action	
<u>CFO</u>	RAMON HILArio	114 E 122 nd St. #4E	□ Add	
		NEW YORK, NY 10035	\square Remove	
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	nding any other information, enter change(s) here: (Attach additional sheets) if necessary.)
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(If an effe Note:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
the 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 d.
Dated _	April 22" 2021. Signature of a member or authorized representative of a member
	Coustand Jamin Typed or printed name of signee