## L19000125545

| (Re                                     | questor's Name)      |                |
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| PICK-UP                                 | WAIT                 | MAIL           |
| (Bu                                     | siness Entity Nam    | e)             |
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| Certified Copies                        | _ Certificates       | of Status      |
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2022 MAR -2 AM 9: 10
SECRETARY OF STATE
TALLAHASSEF

A. BUTLER MAR 1 1 2022

## **COVER LETTER**

TO:

|                  | egistration Se<br>ivision of Cor |  |  |  |
|------------------|----------------------------------|--|--|--|
| eud ieza         |                                  | restments, LLC                                       |  |  |
| SUBJECT          | ·                                | Name of Lim  | ited Liability Company   | <del> </del>   |
| The enclos       | ed Articles of                   | Amendment and fee(s) are sub                         | mitted for tiling.   |  |
| Please retu      | rn all correspo                  | ndence concerning this matter                        | to the following:  |  |
|                  |                                  | Julia Voss   |  |  |
|                  |                                  |  | Name of Person   |  |
|                  |                                  | Ansbacher Law, P.A.                                  |  |  |
|                  |                                  | <del></del>  | Firm/Company   |  |
|                  |                                  | 8818 Goodbys Executive I                             | Or.  |  |
|                  |                                  | -  | Address  |  |
|                  |                                  | Jacksonville, FL 32217                               |  |  |
|                  |                                  |  | City/State and Zip Code  |  |
|                  |                                  | jav@ansbacher.net                                    |  |  |
| For further      | information c                    | E-mail address: (<br>oncerning this matter, please c | to be used for future annual report no                           | ntification)   |
| Julia Voss       |                                  | oncerning and matter, prease e                       | 904 7374600  |  |
|                  |                                  | No.  |  | me Telephone Number  |
|                  | Name o                           | f Person   | Area Code Dayti  | me Telephone Number  |
| Enclosed is      | s a check for th                 | ne following amount:                                 |  |  |
| <b>≘</b> \$25.00 | ) Filing Fee                     | □ \$30.00 Filing Fee & Certificate of Status         | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed) |
|                  | lailing Addres                   |  | Street Address:<br>Registration S                                | Section  |
|                  | ivision of C                     |  | Division of Co   |  |
|                  | .O. Box 632                      |  | The Centre of  | Tallahassee  |
| T                | allahassee. I                    | ·1. 32314  | 2415 N. Monr   | oe Street, Suite 810   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Tamimi Investments, LLC

2022 MAR -2 AM 9: 10

| (Name of the Limited Lin  | ability Company as it now appears on our re<br>orida Limited Liability Company)   | cords.)   |
|---|---|---|
| (AFI  | orida Limited Liability Company)  | TALLAHASSEE, FL   |
| The Articles of Organization for this Limited Liabili   | ty Company were filed on 05/07/2019   | and assigned  |
| Florida document number L19000125545  |   |   |
| This amendment is submitted to amend the following  | g:  |   |
| A. If amending name, enter the new name of the  | limited liability company here:   |   |
| Tamihomes, LLC  |   |   |
| 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 AI   | DDRESS)   |   |
|   |   |   |
|   |   |   |
| Enter new mailing address, if applicable:   |   |   |
| (Mailing address MAY BE A POST OFFICE BOX   | 2   |   |
|   |   |   |
| B. If amending the registered agent and/or regist agent and/or the new registered office address he   |   | nter the name of the new register                                 |
| Name of New Registered Agent:   |   |   |
| Naw Pagistared Office Address   |   |   |
| New Registered Office Address:  | Enter Florida street a  | ldress  |
|   |   | , Florida   |
| <del>-</del>  | City  | Zip Code  |
| New Registered Agent's Signature, if changing Register  | tered Agent:  |   |
| I hereby accept the appointment as registered ago<br>provisions of all statutes relative to the proper an<br>accept the obligations of my position as registere<br>being filed to merely reflect a change in the regis<br>company has been notified in writing of this chan | nd complete performance of my dutie<br>od agent as provided for in Chapter 6<br>stered office address, I hereby confiri | s, and I am familiar with and<br>05, F.S. Or, if this document is |
|   | If Changing Registered Agent, Signat  | ure 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 | Membe |

| <u>Title</u> | <u>Name</u>  | Address                               | Type of Action |
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| Note: If the date in                 | other than the date of filing:   |
| e record specifies a<br>rd is filed. | delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| February 24 Dated                    | 2022   |
| 17atcu                               |  |
|                                      |  |
|                                      | Signature of a member or authorized representative of a member   |
| Zachary                              | R. Ruth  |
|                                      | Typed or printed name of signee  |

Filing Fee: \$25.00