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Certified Copies	Certificate	es of Status
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Corc	Name of Lim	155Pelled NAN	ne of lic
	Amendment and fee(s) are sub	_	
	BARRY CO	RNELISON! Name of Person SSA HAVEN LLC Firm/Company	
	205 SOU	Address	
	bcorneliso E-mail address:	City/State and Zip Code 102 + Smpabay Richard	C. COM
_	oncerning this matter, please ca こったいとしょうつ	ar(727) 647.	1430 e Telephone Number
Enclosed is a check for th	te following amount: \$\Bigsirem\$ \$\$30.00 \text{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)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n ations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOMASASSA HAVEN LLC

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

(A Florida Limited Liability Company)

(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 19000205626</u>	were filed on August 13,2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
HOMOSASSAHAVENILLC	
The new name must be distinguishable and contain the words "Limited Liability Limited Liability	ty Company," the designation "L1.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	(~3)
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
- · · · · · · · · · · · · · · · · · · ·	<u> </u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address: N A	
New Registered Office Address.	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	NA		
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			Remove
			Change
			
		Remove	
			Change
		Remove	
		Change	
		Remove	
			Change

•	N/A
	Original Filing Diste
r næ	•
(If an ef <u>Note:</u>	tive date, if other than the date of filing: \(\begin{align*} \Delta \cdot \sigma \frac{13}{3} \) \(\begin{align*} \left(\text{optional} \right) \\ Tective 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)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	<u>Cagust</u> 26 . 2019
	Cary Cornelision Signature of a member or authorized representative of a member
	BARRY CORNELISON
	Typed or printed name of signee

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Filing Fee: \$25.00