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Certified Copies	Certificates	of Status
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Office Use Only



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COVER LETTER

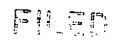
Tallahassee, FL 32314

TO: Registration So Division of Con			
SUBJECT:	HOMES OF NO Name of Lim	RhWest Flority Ll ited Liability Company	LC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CHANIES.	B, Christian Name of Person	
	Al Homes	OF Noath WEST	Fluxinda LIC
	92 BRAG	FORCE ST VN.74 Address	
	FORT WAL	Tow BESCH FL, 3 City/State and Zip Code Cheistian Quanto be used for future annual report notion	2547
	Howles B. E-mail address: (1	to be used for future annual report not	ail. Com effication)
For further information of	concerning this matter, please ca	all:	
CHAN IES O	CARISTIAN of Person	at (<u>766</u>) <u>681</u> Area Code Daytim	- 3684 ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$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 Addre		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	41	The Centre of T	Lananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2021 OCT 29 AM IO: 42

A1 HOMES OF NORTHWEST FLORIDA LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on Assist 13, 2015 and assigned Florida document number 419000206042.
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: CHARLES CHRISTIAN
New Registered Office Address: 92 Beneford ST. VNT 24 Enter Florida street address
Name of New Registered Agent: New Registered Office Address: Second S
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, Lhereby 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

Title	<u>Name</u>	Address	Type of Action
MRL	SERENG MCCabe	228 LAFITTE CARRENT	
		FOR WATTON BESIL FL 32547	Remove
			□Change
MGR	CHANGES B. ChRISTIAN	92 BRAIFORD ST. VAIT 4	BAdd
		FURT WALTON BECCH FL 32547	P □Remove
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Effective date, if other fan effective date is listed, Note: If the date inserted document's effective da	the date must be specific ed in this block does no	and cannot be prior to ot meet the applica			ng.) Pursuant to 605.0207
record specifies a delay I is filed.	yed effective date, but	not an effective tir	me, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
Dated Oct	28	303			
	SOMERA		Mara	De-	
	Signature of	f a member or author	rized representative of	a member	

Filing Fee: \$25.00