

L190000206042

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2021 OCT 29 AM 10:42
SECRETARY OF STATE
TULSA, OKLA

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2021 OCT 29 AM 10:29
TULSA, OKLA
ALABAMA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AI HOMES OF NORTHWEST FLORIDA LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLES B. CHRISTIAN
Name of Person

AI HOMES OF NORTHWEST FLORIDA LLC
Firm/Company

92 BRADFORD ST UNIT 4
Address

FOOT WALTON BEACH FL 32547
City/State and Zip Code

CHARLES.B.CHRISTIAN@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES CHRISTIAN at (706) 681-3684
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2021 OCT 29 AM 10:42

A1 HOMES OF NORTHWEST FLORIDA LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on August 13, 2019 and assigned Florida document number 619000206042.

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)

92 BRADFORD ST. UNIT 4

FORT WALTON BEACH FL 32547

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 BRADFORD ST. UNIT 4

Enter Florida street address

FORT WALTON BEACH

City


Florida

32547

Zip Code

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.



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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SERENY McCABE	228 LAFITTE CARRSNT	<input type="checkbox"/> Add
		FOOT WALTON BEACH FL 32547	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHARLES B. CHRISTIAN	92 BRADFORD ST. UNIT 4	<input checked="" type="checkbox"/> Add
		FOOT WALTON BEACH FL 32547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Oct 28, 2021
Serena E McCabe
 Signature of a member or authorized representative of a member
Serena E McCabe
 Typed or printed name of signer

Filing Fee: \$25.00