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(Re	questor's Name)	
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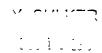
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COVER LETTER

TO: Registration Division of C			
	TOVA HOMES LLC		
SUBJECT:	Name of Lim	nited Liability Company	
	of Amendment and fee(s) are sub	_	
Please return all corres	pondence concerning this matter	to the following:	
	JASMINE RODRIGUEZ		
	BEST QUICK TAX RETU	Name of Person URNS INC	
	320 S BUMBY AVE STE	Firm/Company	
	ORLANDO FL 32803	Address	
		City/State and Zip Code	
For further information	E-mail address: (n concerning this matter, please c	to be used for future annual report notif	ication)
JASMINE RODRIGU	EZ	407 896-7921 at ()	
Name	e of Person		: Telephone Number
Enclosed is a check for	r the 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)
MAI	ILING ADDRESS:	STREET/COURII	ER ADDRESS:

TÖ:

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEMANTOVA HOMES LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 08/16/2019	and assigned
Florida document number L19000209657		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	d liability company here:	
"he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE.	SS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		2019
B. If amending the registered agent and/or register	red office address on our records, en	fter the name of the
 If amending the registered agent and/or registeregistered agent and/or the new registered office address 	ss here:	
Name of New Registered Agent:		20 S
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	
	City	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>	Address	Type of Action
MGR	ROGERS DEMANTOVA JR	7968 WINTER GARDEN VINELAND RD	
		WINDERMERE, FL 34786	
			□ Remove
			Change
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			□ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change

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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the Do	t be specific and cannot be pri ock does not meet the appl	or to date of filing or more licable statutory filing re	(optional) than 90 days after filing.) Pursuant to equirements, this date will not be	605.0207 (3) listed as the
he record specifies a delayed The 90th day after the rec	effective date, but rord is filed.	not an effective tim	e, at 12:01 a.m. on the ea	arlier of:
Dated	2019			
_	1			
Rogers D	Shir	shadood soll		
Dated ROSENS DEMANTED	Signature of a member or au	thorized representative of	a member	

Page 3 of 3

Filing Fee: \$25.00