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OLIVARIMENT OF STAIR
DIVISION OF CORPORATION

COVER LETTER

	ation Section n of Corporations		
SUBJECT:	Alegre Hom	es USA LL ted Liability Company	C
The enclosed Art	ticles of Amendment and fee(s) are subm	nitted for filing.	
Please return all o	correspondence concerning this matter t	o the following:	
	·	Honjes USA Firm/Company	
	<u>305 S</u>	E 4th ST Address	
		Beach FL 33 City/State and Zip Code 1729 @ 3 mall lobe used for future annual report notif	
For further inform	mation concerning this matter, please ca	n:	
	1 Manue of Person		- 0412 e Telephone Number
Enclosed is a che	eck for the following amount:		
\$25,00 Filing	g Fee S30.00 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 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

ARTICLES OF O	RGANIZATION 🛒 🚆
Oi	The second secon
Mame of the Limited Liability Compan (A Florida Limited Liability Compan	VAS it now appears on our records.)
The Articles of Organization for this Limited Liability Company velocida document number <u>L/9000271102</u> .	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	
3. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
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 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 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
AMBR	Raymond Alegre	305 SE 4th St	\$\int\text{Add}
	·	305 SE 4th St Dania Beach FL 33004	□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change
			□ Add
			□Remove
			□Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff	ve date, if other than the date of filing:
ord is fil	
Dated	1/10/20
	organitie of a member or authorized representative of a member
	Raymond Alegce Typed or printed name of signee