(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer;			





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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of C	Corporations				
SUBJECT:	FIA H	FIA HOMES, LLC.			
	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	spondence concerning this matter	to the following:			
		Fernando Chaves			
Please return all correspondence concerning this matter to the following:					
	Firm/Company				
Firm/Company					
1300 Brickell Bay Dr # 2405					
Address Miami, FI 33131					
		Miami, Fl 33131			
		City/State and Zip Code			
	F-mail address: (- -	figution)		
For further information			пенклу		
Fernando Chaves		866 2961833			
Name	e of Person		e 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)		
Regi	ILING ADDRESS: stration Section sion of Corporations	STREET/COURI Registration Section Division of Corpor	on		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FIA Homes, LLC			
(Name of the Limited I (A I	iability Company as it now appears on our records.) lorida Limited Liability Company)			
The Articles of Organization for this Limited Liabil Florida document number L19000272585	•			
This amendment is submitted to amend the following	ng:			
(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 10/31/2019 and assigned diorida document number L19000272585 This amendment is submitted to amend the following: The Articles of Organization for this Limited Liability Company were filed on 10/31/2019 and assigned diorida document number L19000272585 This amendment is submitted to amend the following: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI.C" or the abbreviation "L.I.C." There new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The men mailing address MAY BE A POST OFFICE BOX) The mending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address				
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO.	<u></u>			
registered agent and/or the new registered office				
New Registered Office Address:				
<u>-</u>	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 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	Fernandez Chaves	1738 SW 24th St	
		Miami, Fl 33145, US	Remove
			□ Change
MGR	Fernando Chaves	1738 SW 24th St	■ Add
		Miami, Fl 33145, US	Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change
			Change
			□ Remove

). If amending any other information	on, enter change(s) here:	(Attach additional she	ets, if necessary.)	
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E. Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	be specific and cannot be prior to tk does not meet the applical	o date of filing or more than 9	(optional) 70 days after filing.) Pursuant to 6 ments, this date will not be li	05.0207 (3)(t sted as the
f the record specifies a delayed of the record b) The 90th day after the record	effective date, but not d is filed.	an effective time, at	12:01 a.m. on the ear	lier of:
Dated November 18	. 2019	- Allae	1056	
S	ignature of a member or author	ized representative of a men	ber	
	Fernando (Chaves		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00