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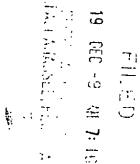
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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JAN 18 2020 S. YOUNG

COVER LETTER

TO: Registration Sect Division of Corpo			·				
eHouse Florid							
Name of Limited Liability Company							
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.					
Please return all correspond	dence concerning this matter to	o the following:					
	Gerson Hernandez						
	Name of Person						
	General Corporate Services Inc.						
	Firm/Company						
	829 W. Palmdale Blvd #68						
	Address						
	Palmdale CA 93551						
	City/State and Zip Code						
	gerson@companiesinc.com	be used for future annual report n	- This is the same of the same				
For Combanity Comments		·	ottheanon)				
ror further information con	cerning this matter, please cal	ı;					
Gerson Hernandez		661 310 2823 at ()					
Name of Person		Area Code Dayt	ime Telephone Number				
Enclosed is a check for the	following amount:						
□ S25.00 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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

eHouse 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 11/01/2019 Florida document number <u>L19000273813</u> 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) 205 Bear Island Trail, Ponte Vedra, FL 32081 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: New Registered Office Address: Enter Florida street address _. Florida __ City

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
			
			■ Remove
			Change
		 	☐ Remove
			☐ Change

			□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
	***		□ Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			□ Change

). O. If amending any other info	ormation, enter change(s) here: (Aud	ach additional sheets, if necessary.)
		······································
		
		
		
(If an effective date is listed, the da Note: If the date inserted in t	the date of filing: te must be specific and cannot be prior to date of his block does not meet the applicable statche Department of State's records.	(optional) f filling or more than 90 days after filling.) Pursuant to 605.0207 (3) tutory filling requirements, this date will not be listed as the
f the record specifies a del b) The 90th day after the		ffective time, at 12:01 a.m. on the earlier of:
Dated December 4	2019	
	Signature of a member or authorized rep	
- V	Signature of a member or authorized rep	presentative of a member
Bob Lambert - Au	thorized Representative	

Typed or printed name of signee