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SECRETARY OF STATE
AND SEELFLORIO

A. RIVERS JUN - 7 2023

COVER LETTER

TO: Registration Section

Division of Cor	rporations		
SUTHER1.	AND HOMES, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dane A. Sutherland		
		Name of Person	
	Sutherland Homes, LLC		
		Firm/Company	
	529 S. Lakeview Ave		
		Address	
	Winter Garden, FL 34787		
		City/State and Zip Code	
	dane.courtneysutherland@g	gmail.com to be used for future annual report no	tification)
For further information of	oncerning this matter, please c		(incution)
Dane A. Sutherland			
		321 432-6808 at ()	
Name o	t Person	Area Code Daytir	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing 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 Addres Registration S		Street Address: Registration So	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee, I	こに 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sutherland Flomes, LLC					
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Li Florida document number L20000018472	ability Company	were filed on January 10.	2020	and assign	ed
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designation	ı "LLC" or the abbi	reviation "L.L.C.	
Enter new principal offices address, if applic	able:	529 S. Lakeview Ave			
(Principal office address MUST BE A STREE	T ADDRESS)	Winter Garden			
		FL. 34787			
Enter new mailing address, if applicable:		529 S. Lakeview Ave			
(Mailing address MAY BE A POST OFFICE I	BOX)	Winter Garden			
		FL. 34787			
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:			enter the name	2023 SE	gistered
New Registered Office Address:	529 S. Lakeviev			PR 2	
		Enter Florida street		SSE SSE	T
	Winter Garden		, Florida <u></u>	700 星	
		City		Zh.Code ⊗	
New Registered Agent's Signature, if changing R	legistered Agent:			可m —	

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	BRUCE J. SUTHERLAND	767 Lake Dr	
		Melbourne	≣Remove
		FL, 32940	□Change
			□Remove
			☐ Change
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			DAdd
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			□Change
			□Add
			□Remove
			□ Change

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D. A. A.				D. A.	6 11.1				
Den A Santhar Signature of a member or authorized representative of a member	d representative of a member	-,		Signature	of a member or	authorized repre	entative of a member	-	