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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

subject: <u>Hous-</u>	e Made Home Name of Lim	Property Investment ited Liability Company	ent Graup	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	VALENCIA MO	C MAHON Name of Person		
		Firm/Company		20:
	6 LAWRENCE	e Lake Deive Address	ECRETAR TALLASS	22 MAR 15
	Boynton Bee	City/State and Zip Code Of Damail Com to be used for future annual report note	Y OF STA	2022 MAR 15 PH 3: 03
For further information c	E-mail address: (oncerning this matter, please c		fication)	သ
VALENCIA MCMAHON Name of Person		at (<u>954</u>) <u>461-8</u> 0 Area Code Daytim	40 / e Telephone Number	_
Enclosed is a check for th	ne following amount:			
	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing F Certificate of S Certified Copy (additional copy is	Status &
Mailing Address Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Cot		
P.O. Box 632	-	The Centre of T	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hase Made Home Property Investment Gray, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on $\frac{1222}{2}$	O and assigned
Florida document number <u>L200000 27688</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Seraphin Publishing, LLC The new name must be distinguishable and contain the words "Limited Liability		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "L	LC" or the abbreviation "L,L,C,"
Enter new principal offices address, if applicable:	_N/A	202 2
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		PH
Enter new mailing address, if applicable:	- N/A	<u>:nor</u>
(Mailing address MAY BE A POST OFFICE BOX)		ATE 08
	<u></u>	
B. If amending the registered agent and/or registered office at	ddress on our records, ent	er the name of the new registere
agent and/or the new registered office address here:	<u> </u>	
	,	
Name of New Registered Agent:	/A	
New Registered Office Address:		
	Enter Florida street add	lress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree		
provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as properties.		
being filed to merely reflect a change in the registered office of		

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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			
			□Remove
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reffective date is listed, the date must be speci- te: If the date inserted in this block does	fic and cannot be p	orior to date of	filing or more th	m 90 days a	fter tiling.)		
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ecord specifies a delayed effective date, b	at not an effectiv	ve time, at 12	2:01 a.m. on the	e earlier of:	(b) The	90th d	ay after the
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is filed. Ied 3/4/22 Valencia Me Signature VA/ENCIA Me	- Mahor	·					