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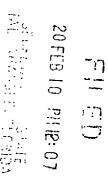
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(Requestor's Name)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT N  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	MAIL	
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Office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



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## **COVER LETTER**

TO: Registration Se Division of Cor	porations		
Pio	Kett Hom	es, LCC	·
SUBJECT:	Name of Lim	ited Liability Company	Person  Inpany  192nds+  SS  SE 68059  Zip Code  Qaol. 10m  ure annual report notification)  Daytime Telephone Number  Illing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Lori	Pickett	
		Name of Person	, , , , , , , , , , , , , , , , , , ,
		Firm/Company	
	18905 5	south 192nd	<u>s</u> +
		Address	
	Springti	eld, NE 68	059
	lamou lon'	City/State and Zip Code	<b>^</b> • • • • • • • • • • • • • • • • • • •
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Lori T	Pickett	ar (402, 677-	1398
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
★\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			extion
•		· ·	
P.O. Box 632	7	The Centre of T	Γallahassee
i aliahassee, i	renclosed Articles of Amendment and fee(s) are submitted for filing.  ase return all correspondence concerning this matter to the following:  Lori Pickett  Name of Person  Firm/Company  18905 Sortu 192 nd St  Address  Springfield Ng 68059  City/State and Zip Code    Lory   Ori at howeled of future annual report notification)  further information concerning this matter, please call:  Lori Pickett  Name of Person  at (402) 677-1238  Area Code Daytime Telephone Number  closed is a check for the following amount:  \$255.00 Filing Fee		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	es, LLC			
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appearmited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Con Florida document number <u>50034043313</u>	mpany were filed on _	2/3/20		and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company b	<u>iere</u> :		
Pickett Homes				
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the	designation "LLC" or	the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:				20
Principal office address MUST BE A STREET ADDRE	ess)			한 건 <del>:::</del>
		<del></del>	<del>-::</del>	
				e Ti
Enter new mailing address, if applicable:				<sub>5</sub> フ
Mailing address MAY BE A POST OFFICE BOX)	<del></del>			•
B. If amending the registered agent and/or registered (	office address on our	rocards antar tha	name of	'the new register
gent and/or the new registered office address here:	ornce address on our	records, <u>enter the</u>	name or	the new register
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flo	orida street address		
		, Flo <b>ri</b> d		
	City		7	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
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			□Remove
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ective date, if other than	the date of filing	:		(opt	ional)		
effective date is listed, the date e: If the date inserted in the	must be specific and	cannot be prior to o	date of filing or mo e statutory filing	re than 90 days afte	er filing.)	Pursuant vill not b	to 605.02 se listed
ument's effective date on th	ne Department of St	ate's records.					
cord specifies a delayed effe	ective date, but not	an effective time	, at 12:01 a.m. o	n the earlier of: (	b) The	90th day	y after th
s filed.							
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