

(R	equestor's Name)	
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	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
	dusiness Entity Name)	_
(Ď	ocument Number)	
fied Copies	Certificates of	Status
ecial Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE
TALLAHASSEELFLORID.

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COVER LETTER

5933 Maki.	, LLC		
SOURCET.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Chase Caindee		
		Name of Person	
		Firm/Company	
	3225 McLeod Drive, Suite	100	
		Address	
	Las Vegas, Nevada 89121		
		City/State and Zip Code	
	ra@andersonadvisors.com	to be used for future annual report notific	ntion
For firther information c	oncerning this matter, please ca		ariosi i
Chase Caindee		800 706-4741	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for t	he 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)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

5933 Maki, 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 $\frac{02/14/2020}{1}$ and assigned Florida document number L20000051784 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) · (1) RID. 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_. Florida _

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>	<u>Address</u>	Type of Action
AMBR	PH Capital, LLC	1718 Capitol Ave.	
		Cheyenne, WY 82001	
			Change
AMBR	Preferred Homes, LLC	14170 US Hwy 19 Suite #130	B Add
		Hudson, FL 34667	☐ Remove
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n effective date is listed, the date must	date of filing: be specific and cannot be prior to date of filing or eck does not meet the applicable statutory fil partment of State's records.	more than 90 days after filing.) Pursuant to 605.6
record specifies a delayed The 90th day after the reco	effective date, but not an effective ord is filed.	e time, at 12:01 a.m. on the earlie
February 25	2020	
	R-1-	
	Signature of a member or authorized representati	
	SUPPORTED A REPORT OF SHINGEVER PROPERCIES!	ive of a member

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Filing Fee: \$25.00