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TO:

Registration Section Division of Corporations

State	ry Dunn Homes, LLC					
SUBJECT:	Name of Lin	ited Liability Company		_		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	oondence concerning this matter	to the following:				
	Irene Castillo					
		Name of Person				
	Raulerson Castillo & C	Company			207	
		Firm/Company		<u> </u>	70 D	r
	1907 S. Alexander St.,	Ste 2			DEC 15 PM	
		Address			-D T	ì
	Plant City, FL 33566			OF ST	2020 DEC 15 PM 3: 40	بر زيد
		City/State and Zip Code			01	
	irene@rewepas.com			_		
	E-mail address: (to be used for future annual report not	ification)			
For further information	concerning this matter, please of	all:				
Irene Castillo		813 752-6604				
Name	of Person		ne Telephone Nun	nber	_	
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif	0 Filing F ficate of S fied Copy onal copy is	Status &	
Mailing Addr Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations			
Tallahassee.		2415 N. Monro		e 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stacy Dunn Homes, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 5/1/2020 and assigned
lorida document number 1.20000118173	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	oility company here:
Stacy Dunn, LLC	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	2712 Clubhouse Dr
Principal office address MUST BE A STREET ADDRESS)	Plant City, FL 33566
	2020
	2020 DEC
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	_
3. If amending the registered agent and/or registered office a	
B. It amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City 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 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
			□Add
			Remove
			Change
			□Add
			□Remove
		- 	Change
			2070 DEC S PH 3: 40 Change
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			□ Remove
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Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and ca Note: If the date inserted in this block does not mee document's effective date on the Department of Stat	annot be prior to d et the applicable	e statutory filin	ore than 90 days	ptional) after filing.) Purs this date will r	nant to 605.020 not be listed a
record specifies a delayed effective date, but not an			on the earlier of	î (b) The 90th	ı day after the
December 10	2020				
*					
			, , , , , , , , , , , , , , , , , , , 		-
Signature of a men	mber or anthorize	ro representative	of a member		

Filing Fee: \$25.00