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(Requ	restor's Name)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	





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D. BRUCE SEP 22 2020

COVER LETTER

Division of Cor				
SUBJECT:	idence Home	5 / kC		
, o 2020 c		ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.		
Please return all correspo	ndence concerning this matter (to the following:		
	La Tasha Credence	Name of Person HOMES, LLC Firm/Company		
	8297 Ob	ampions yate	Bird #434	
	Champian	Scharte FL. 33	3896 REGER	
	Ulatashas E-mail address: (1	6 9mal Com o be used for future annual report notif	3896 TALLAHAS	ים : יייי פר "ז
For further information c	oncerning this matter, please ca	sil:	PH PH	,
Catasha (f Verson	at (917) 645. Area Code Daytime	(0155 5 57 c) e Telephone Number	
Enclosed is a check for th	ne 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Credence Home	es, 12C		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co		and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or th	e abbreviation "L.L	C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRI	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered	office address on our records, enter the n		registered
agent and/or the new registered office address here:		20 AUG CRC TY ALL A	المعظر
Name of New Registered Agent:		AHA.	* g
		PH	171
New Registered Office Address:	Enter Florida street address	<u> </u>	5
	, Florida	57	
	City	Zip Code	-

New Registered Agent's Signature, if changing Registered Agent:

CX

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 **Title** <u>Address</u> **Type of Action** Name hampionsgate Blid DADD Change a Tasha Young paracragate FL 33896 Remove

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record specifies	a delayed effective	date, but no	t an effecti	ve time, at	12:01 a.m. o	n the earlie	r of: (b)	The 90th o	lay after	r the
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