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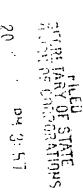
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COVER LETTER

Division of Cor	rporations			
SUBJECT: UN	ITEB 4 Homes,	LLC		
		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:		
	ANGELA	HENRY Name of Person		
	UNITED 4 H	tomes, LLC Firm/Company		
		chobec Blod, &		سش د
	West Palm &	Slack, F1 3341 City/State and Zip Code CUCC Small. Core to be used for future annual report notifi	1	
	united thomes E-mail address: (i	to be used for future annual report notif	ncation)	्रा क्षेत्र इ.स.
For further information of	oncerning this matter, please ca			
ANGELA I	HENRY f Person	at (<u>561</u>) <u>837-</u> Area Code Daytime	7796 Telephone Number	
Enclosed is a check for the	he following amount:			
₹525.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of St Certified Copy (additional copy is e	atus &

TO:

Registration Section

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

UNITED 4 Homes, 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 Li	ability Company were filed on 5 38 3000 and assigned
Florida document number	•
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE	T ADDRESS)
	· ·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE I	<u></u>
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address on our records, <u>enter the name of the new registered</u> s here:
Name of New Registered Agent:	ANGELA HENRY
New Registered Office Address:	ANGELA HENRY 1750 OKeechobee Blod, Suite 4-892 Enter Florida street address
	West Palm Beach, Florida 33411 City Zip Code
New Registered Agent's Signature, if changing R	legistered Agent:
	d agent and agree to act in this capacity. I further agree to comply with the er 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 Begistered 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
AMBR	ANGELA HENRY	7750 Okeechobee Blvd	JZ/Add
		Suite 4-892	□Remove
		West Palm Beh, F1 33411	□Change
AMBR	RICHARD HENRY	7750 Okeechobee Blvd	□Add
		Suite 4-892	□Remove
		West Palm Bch, FL 33411	Change
AMBR	Renee Henry	MSO Okeechobee Blvd	□Add
		Suite 4-89a	□Remove
		West Palm Boh, F1 33411	Change
<u>fmbr</u>	Davion Henry	7750 Okeechobee Blud	□Add
		Suite 4-892	□Remove
		West Palm Bch, F133411	
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change

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	the date must be specific a d in this block does no	and cannot be prior to continued the meet the applicable		(optional) 90 days after filing.) Pursuar ements, this date will not	
record specifies a delay I is filed.	ed effective date, but n	not an effective time	, at 12:01 a.m. on the e	arlier of: (b) The 90th c	lay after the
ated JUNG	= 9	2020			
	RA)	towar !	1		
	Signature of	a member or authorize	d representative of a mer	nber	