L20000145383

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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08/27/21--01019--009 **35.00

SEGRETARY SECTIONS

COVER LETTER

Division of Cor			
SUBJECT: W	allace Homes	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u>Stev</u>	Name of Person	
	Wallace	Homes LLC Firm/Company	
	9540 Rive	erchase Dr Address	
	New Port	Richay F1 39 City/State and Zip Code	1655
	Steven Jwall E-mail address: (to be used for future and report no	tification)
For further information c	oncerning this matter, please c	all:	
Steven_L Name o	Vallace	at (<u>727</u>) <u>836 -</u> Area Code Dayti	- OO2-3 me 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	F.	Straat Addrase-	

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

Wallace Homes L (Name of the Limited Liability Con (A Florida Limite The Articles 60	LC			
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appea ed Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Compa	nny were filed on	5/28/20	_ and as:	signed
Florida document number <u>L 20000145383</u>		,		Ü
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company he	ere:		
Steven Wallace LLC The new name must be distinguishable and contain the words "Limited Li				
The new name must be distinguishable and contain the words "Limited Li	ability Company," the d	lesignation "LLC" or the abbre	viation "L	.L.C."
Enter new principal offices address, if applicable:	NA			
(Principal office address MUST BE A STREET ADDRESS)			2021	
		二	SE	t in the
		<u> </u>	2	CARRETT .
Enter new mailing address, if applicable:	NA	 	_ ====) [[]
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	Treaty.
		产品		_
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B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our r	ecords, <u>enter the name o</u>	of the nev	w registere
Name of New Registered Agent: NAME Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flor	ida street address		
		Florida		
Non-Books and A. A. W.	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 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
		NA	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			SECRETAL STANKER
			Remove Change
			□Add
			□Remove
			□Change
			
			□Remove
			Change
			□Add
			□Remove
		-	□Change

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etive date, if other than the date of filing: $\frac{9/2}{2}$ effective date is listed, the date must be specific and cannot be p	nor to date of fifting of	more than 90 days a	otional) fter filing.)	Pursuant	to 605.02
If the date inserted in this block does not meet the appearance of State's recomment of State's recomment.	olicable statutory fil rds.	ing requirements,	this date v	vill not b	oe listed
ord specifies a delayed effective date, but not an effective filed.	e time, at 12:01 a.m	. on the earlier of	(b) The	90th da	y after tl
al 1					
d <u>9/14/2021</u>	·				
Slew Man Signature of a member or a					

j

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Filing Fee: \$25.00