L2000 157865

(Requ	uestor's Name)	
(Addr	ocs)	
(Addi	essj	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Post	ıment Number	· · · · · · · · · · · · · · · · · · ·
(Duck	ament Number,	,
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
		<u> </u>

Office Use Only



300361974053

03/15/21--01021--008 **30.00

-1-1:0

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: ROBERT	HENRY HOMES LLC		
SUBJECT: KODEKT		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:	
	Henry & Linda Rabell		
	•	Name of Person	
	LHR Homes LLC		
	Erric Homes Lee	Firm/Company	
	1711 NW 65 ST.	Address	
	GAINESVILLE, FL 32		
		City/State and Zip Code	
	hrabell@yahoo.com E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	all:	
Henry Rabell		at (352) 258 - 1114	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	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)
<u>Mailing Addres</u> Registration S		Street Address: Registration Se	ction
Division of C	orporations	Division of Cor	rporations
P.O. Box 632 Tallahassee, I		The Centre of T	Fallahassee e Street, Suite 810
i ananassee, i	L J4314	2413 IV. MOIIIC	v succi, suite ott

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ROBERT HENRY ed Liability Company (A Florida Limited Lial	/ HOMES LLC as it now appears on bility Company)	our records.)	<u></u>
The Articles of Organization for this Limited Li	iability Company w	ere filed on	06/09/2020	and assigned
Florida document number <u>L20000157865</u>	·			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liabilit	ty company here:		
LHR Homes LLC				
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the design	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A		
(Principal office address MUST BE A STREE	T ADDRESS)			
	-			
Enter new mailing address, if applicable:	-	<u>N/A</u>		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
	-			·.
B. If amending the registered agent and/or ragent and/or the new registered office addres		dress on our recoi	ds, <u>enter the nam</u>	e of the new register
agent and or the new registered write address	<u> </u>			
Name of New Registered Agent:	N/A			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:				65V 544
		Enter Florida s	treet address	-
			Florida	
		Cuy		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
AMBR	Linde Rabell	1711 NW 65 St	X Add
	GvIIe F1 32605	□Remove	
			☐ Change
		□Add	
			□Remove
			☐ Change
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
		□ Change	
		□Add	
	 _	□Remove	
	,	□ Change	
		□Add	
		□Remove	
		□ Change	

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A
_	
_	
_	
_	
_	
_	
_	
_	
_	
•	
_	
_	
_	
_	
_	
_	
(If an effe Note:	ive date, if other than the date of filing: N/A - Date of filing (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
If the record	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated _	MARCH 4 2021
- men	5
	Signature of a member or authorized representative of a member
	ENRIQUE L RABELL Managing Member

Typed or printed name of signee