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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MISSION-HOME LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mission-Home LLC		
(<u>Name of the Limited Liabili</u> (A Florid:	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Colorida document number L2000164562	Company were filed on 06/10/20	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u>. </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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
AMBR	Lital Kashriel	7901 4th St N	%] Add
		STE 300	□Remove
		St. Petersburg FL 33702	□Change
			□Add
			□Remove
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the	e applicable sta	of filing or more than tutory filing requi	(optional 90 days after filing rements, this dat) g.) Pursuant to 605.01 e will not be listed	207 (as 1
record specifies a delayed effective d is filed.	date, but not an eff	ective time, at	$12:01$ a.m. on the ϵ	earlier of: (b) T	he 90th day after t	he
Dated March 30	. 20	22				
	Rih	Tak.				
	Signature of a member	r or authorized re	presentative of a me	mber		
Riley Park						

Filing Fee: \$25.00