## 300011000D

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## **COVER LETTER**

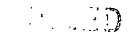
TO: Registration So Division of Cor			
SUBJECT:	MARGE Silli Name of Limit	en LLC led Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspondence	ondence concerning this matter t	o the following:	
	<u>MARGE</u>	Name of Person	
		Firm/Company	
	G221 OAK Cres	Address	
	Cerlando 5	Florida 32 808 City/State and Zip Code	<del></del>
		liene cmail, com be used for future annual report notifi	cation)
For further information c	concerning this matter, please ca	11:	
Marge	Sillien of Person	at ( <u>407</u> ) <u>218 20</u> Area Code Daytime	7 86 Telephone Number
Enclosed is a check for t	he 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 : Division of C	Section	Street Address: Registration Sec Division of Corr	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Marae	Sillien LLC	2023 HAR 20 AH 10: 13
(Name of the Limited I	Jability Company as it now appears on our selection of the Company	records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on $06/2$	2220 and assigned
Florida document number L20000 (660	080	•
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
HOMES PREN	NIPR REALTY LLC	_
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	(IDDRESS)	-
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	<del></del>	
B. If amending the registered agent and/or regi- agent and/or the new registered office address h		enter the name of the new registered
Name of New Registered Agent:		- · · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
<del>-</del> - <del></del> -	Enter Florida street	address
_		_, Florida
	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
			□Add
		<del></del>	□Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			Remove
			□Change
			□Remove
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f an effec <u>Note:</u> H	the date, if other than the date of filing:  (optional)  tive 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 605.02 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records.
e record rd is filed	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
Dated _	March 19 2023.
	· DP
	Signature of a member or authorized representative of a member