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(Requestor's Name)
(Address)
(Address)
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(Business Entity Name)
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(Daywood Novel)
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12/15/20 DA

COVER LETTER

TO: Registration Section

Division of Cor	porations	,	
ѕивјест: <u>Исп∵</u>	Name of Lim	LIYYJX (YCT) X 1745 LL (ited Liability Company	<u>.</u> <u>C</u>
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Y\unc	Name of Person	<u> ۲۲</u>
	Home and Pi	(UPCTICS IN PROVE) Firm/Company	nants LLC
	5218 2nd	Street Address	
	Orlando, FL	32810 City/State and Zip Code	
	E-mail address:	1791 (2 C1) VC11 C to be used for future annual report not	CITO (Ilication)
For further information co	oncerning this matter, please c	all:	
Willic Rail	Person	at (<u>407</u>) <u>480 7</u> Area Code Daytin	1361 ne Telephone Number
Enclosed is a check for th	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)
Mailing Address Registration S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Se Division of Co The Centre of	rporations Fallahassee +
Tallahassee, F	TE 04014	Z+15 IV. (VIOHIC	oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ theme and Pr	operties.	Improv	ements L	L C
(Name of the Limite	<u>ed Liability Compar</u> (A Florida Limited L	<u>iv as it ñow apr</u> iability Compan	ears on our records.) y)	
The Articles of Organization for this Limited Li Florida document number <u> </u>	ability Company (were filed on	08/28/2	OQO and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company	here:	or the abbreviation "L.L.CF"
The new name must be distinguishable and contain the w	ords "Limited Liabili	ty Company," tl	e designation "LLC" c	or the abbreviation "L.L.C"
Enter new principal offices address, if applica	able:			· 3 CT
(Principal office address MUST BE A STREE	T ADDRESS)			
			<u>-</u>	22
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	<u>80X)</u>			
				
B. If amending the registered agent and/or re agent and/or the new registered office addres		ddress on ou	r records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:	Willie	Let 1	Ruxlo/ph	sr.
New Registered Office Address:				
		Enter i	Florida street address	
		A 11.	, Flori	ida Zip Code
		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>	Name	Address	Type of Action
HOR	Rosado, Merary	5218 2rd Street	
	, and the second	Orlando, FL 32810	Remove
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<u>ite:</u> 1	ye date, if other than the date of filing:	.0207 ed as
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.	r the
ted _		
ited _	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00