# K20000 282561

Office Use Only



300377069723

11/29/21--01009--019 \*\*25.00

21 KCY 20 PH 3: 15

T. MATTHEWS DEC 10 2021

#### **COVER LETTER**

10: Registration Section Division of Corporations
SUBJECT: MUltihomes Solutions LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lovera Valladanes CASTILO. Name of Person
Firm/Company .
3219 Turret Bay Ct
Missimmee FL 34743 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Over a Valladave Ashilor (786) 400-3216.  Name of Person  Name of Person  Name of Person  Name of Person
Enclosed is a check for the following amount:
it \$25.00 Filing Fee

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

The Articles of Organization for this Limited Liability Company were filed on Florida document number \( \sum 200 00 \sum 28 \subseteq 2561 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

#### 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

Florida 3283

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		Address 21 107 27 74 3: 15	
<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO_	Lorera Valladara	2050 Schery 1 ct	□Add
		Kissimmoe FL 34743	_ Remove
		<del></del>	□ Change
			□Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□ Change □ Add
			U/Aud
			□Remove
			□Change

## Page 2 of 3

	21 (ISV 20 PA 3: 15
-	
-	
-	
-	
-	
_	
_	
_	
-	
-	
_	<del></del>
fecti an effo	ve date, if other than the 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
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ited_	Oct 28 . 2021.
	Signature of a member or authorized representative of a member