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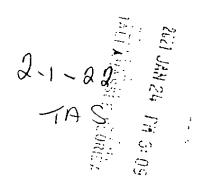
(Requestor's Name)
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COVER LETTER

Sollilly He	omes, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	Name of Person Area Code Daytime Telephone Number is a check for the following amount: 00 Filing Fee \$55.00 Filing Fee & \$60.00 Filing Fee,		
	Morgan Orender		
		Name of Person	
	SoHilly Homes, LLC		
		Firm/Company	
	7845 Baymeadows Way		
		Address	
	Jacksonville, FL 32256		
	·	City/State and Zip Code	.
For further information a			unçadon)
	concerning this finiter, preuse es		
Morgan Orender		at ()	
Name (of Person	Area Code Dayti	me 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)
Mailing Addre Registration		Street Address: Registration S	ection

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

SoHilly Homes, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Jability Company))
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000330478}{1.20000330478}$	were filed on 10/19/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.1,,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		200
Enter new mailing address, if applicable:		W 24
(Mailing address MAY BE A POST OFFICE BOX)		000
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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

Title	<u>Name</u>	Address	Type of Action
MGR	Jim Knierim	4200 Summit View Drive	≣ Add
		Brooksville, FL 34601	□Remove
			□ Change
			□Add
			□Remove
			□ Change 1 22 1 Add
			☐ C☐ Rétifove
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<u></u>		<u> </u>	□Add
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			C)Change

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			Jan 21
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ffective date, if other than the date an effective date is listed, the date must be spote: If the date inserted in this block document's effective date on the Department.	loes not meet the applicable st	of filing or more than 90 days aft atutory filing requirements, th	t ional) er filing.) Pursuant to 605.020 nis date will not be listed a
	e, but not an effective time, at	12:01 a.m. on the earlier of: ((b) The 90th day after the
is filed.	2022		
ated	2022 Auture of a member or authorized r		

Filing Fee: \$25.00