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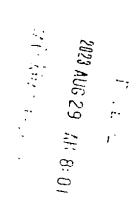
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COVER LETTER

TO: Registration Section Division of Corporations		· · · · · · · · · · · · · · · · · · ·					
eup in en		Y HOMES, LLC					
Name of Limited Liability Company							
The enclose	ed Articles of A	Amendment and fee(s) are sub	omitted for filing.				
Please retur	n all correspon	idence concerning this matter	to the following:				
		TIFFANY BATEMAN					
			Name of Person				
•		TK ACCOUNTING & CO	DISULTING LLC				
Firm/Company							
		1016 THOMAS DR STE	154				
			Address				
		PANAMA CITY BEACH	, FL 32408				
			City/State and Zip Code				
		TIFFANY@TKACT.COM					
		•	to be used for future annual report not	itication)			
For further	information co	ncerning this matter, please co	all:				
TIFFANY BATEMAN		850 866-0301 at ()					
Name of Person			ne Telephone Number				
Enclosed is	a check for the	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)			
Ro Di P.0	ailing Address: egistration So vision of Co O. Box 6327 Ilahassee, Fl	ection proprations L 32314	Street Address: Registration Se Division of Coo The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION -**OF**

2022 4112 00 411

CG LUXURY HOMES, LLC		2023 AUG 29 AM 8: 01			
(Name of the Limited (A	Liability Compa Florida Limited	nny as it now appears on our records.) Liability Company) At : All A : A : A : A : A : A : A : A : A			
The Articles of Organization for this Limited Liab Florida document number L20000340037	oility Company	were filed on 10/26/2020 and assigned			
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	he limited liab	ility company here:			
					
		lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		191 MORRISON AVE SANTA ROSA BEACH, FL 32459			
(Principal office address MUST BE A STREET.	<u>ADDRESS)</u>	SANTA ROSA BEACH, PL 32439			
Enter new mailing address, if applicable:		191 MORRISON AVE			
(Mailing address MAY BE A POST OFFICE BOX)		SANTA ROSA BEACH, FL 32459			
B. If amending the registered agent and/or registered affice address I		address on our records, enter the name of the new registere			
Name of New Registered Agent:	TK ACCOUNTING & CONSULTING LLC				
New Registered Office Address:	1016 THOMAS DR STE 154				
		Enter Florida street address			
	PANAMA CIT	Y REACH 32408			

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>	Name	Address	Type of Action
MGR	DANIEL C COLE	3925 W CO HWY 30A STE F	
		SANTA ROSA BEACH, FL 32459	≣Remove
			☐Change
			□Remove
			Change
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Effective date, if other fan effective date is listed, to Note: If the date inserted document's effective date.	the date must be speci d in this block does	fic and cannot be prior to a not meet the applicable	date of filing or more than	(optional) 90 days after filing.) Pursua ements, this date will no	unt to 605.0207 (of be listed as t
e record specifies a delay d is filed.	ed effective date, b	ut not an effective time	, at 12:01 a.m. on the e	arlier of: (b) The 90th	day after the
AUGUST 24		2023			
	$\overline{\nu}$	Ch_			
	Signature	e of a member or authoriz	ed representative of a mer	nber	
	. /				

Filing Fee: \$25.00