KZO 000343567

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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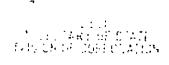
COVER LETTER

	Registration Se Division of Co			
SUBJEC		Iomes LLC		
SUBJEC	-1	Name of Lim	nited Liability Company	~
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		Abdelhaq Ejnioui		
			Name of Person	<u>_</u>
		Parkview Homes LLC		
			Firm/Company	_
		11825 Sailboat Lane		
			Address	
		Orlando, Florida 32821		
			City/State and Zip Code	
		acjnioui@gmail.com	to be used for future annual report notification)	
For furthe	er information c	oncerning this matter, please e		
Abdelhad	ą Ejnioui		407 719-2978 at ()	
	Name o	f Person	Area Code Daytime Telephone Nu	mber
Enclosed	is a check for th	ne following amount:		
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Certified Copy	00 Filing Fee. ificate of Status & ified Copy tional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Section	
	Division of C		Division of Corporations	

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



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Parkview Homes LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our record nited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Completion document number $\frac{1.20000343567}{1.000000000000000000000000000000000000$	pany were filed on 4/20/2021	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u></u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	 	
If amending the registered agent and/or registered off gent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres:	
	Fla	orida
	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 TARY WE ATTEN or removed from our records:

MGR = Manager

AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Equis Morey		
		2315 Juno Avenue, Orlando, Florida 32817	■Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			🗆 Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets,) if necessary	
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Note: 1	ve date, if other than the date of filing:) Pursuant to 605.0207 (3)(will not be listed as the
ecord is file		e 90th day after the
Dated	1/20/2021	
_	Abdelhaq Ejnioui Typed or printed name of single	
	ALL II - TO-1-1	
	Abdelhaq Ejnioui Typed or printed name of signee	

Filing Fee: \$25.00