## L20000355620

(Requestor's Name)	
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## **COVER LETTER**

	gistration Sec vision of Corp			•	
SUBJECT		nes Florida LLC.	÷		
SUBJECT		Name of Limi	ted Liability Company		
The enclose	ed Articles of A	mendment and fee(s) are sub-	nitted for filing.		
Please retur	n all correspon	dence concerning this matter	to the following:		
		Josh Newman			
		_	Name of Person		
			Firm/Company		
	4703 Melissa Way				
			Address		
		Birningham, AL 35243	City/State and Zip Code		
		newman.joshualee@gmail.c	om		
For further	information co	E-mail address: (t ncerning this matter, please ca	to be used for future annual re	port notification)	
Josh Newn			205 542-	9783	
	Name of	Person	at () Area Code	Daytime Telephor	ne Number
Enclosed is	a check for the	e following amount:			
邑 \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASH FOR HOMES FLORIDA LLC.		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Com-	pany were filed on 11/10/2020	and assigned
lorida document number L20000355620		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
HOMES FOR CASH LLC.		
he new name must be distinguishable and contain the words "Limited	Liability Company." the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
•	-	
<u>Principal office address MUST BE A STREET ADDRES</u>	<u> </u>	
		<del></del>
Enter new mailing address, if applicable:	4703 Melissa Way	
Mailing address MAY BE A POST OFFICE BOX)	Vestavia, AL 35243	
		:3
		121
3. If amending the registered agent and/or registered of	Tice address on our records, enter the na	ame of the new regist
gent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·	
		:
Name of New Registered Agent:		) 
Hame of the Case as a second case as a s		5
New Registered Office Address:		<u>ු</u>
	Enter Florida street address	
	Florida	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
			□ Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
			□Add
			□Remove
			DAdd
			□Remove
			□Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
. Effec	tive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	5/8/2021
	Signature of a member or authorized representative of a member
	Inghua Nauman
	Joshua Newman  Typed or printed name of signee

Filing Fee: \$25.00