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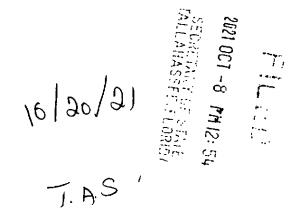
(K	equestor's Name)	
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PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(5	domicoo Emily Hame,	
<u></u>	ocument Number)	
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
All Family	Homes, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brent Chapdelaine		
		Name of Person	
	All Family Homes, LLC		
		Firm/Company	
	1720 Lake Mills Road		
	<u></u>	Address	
	Chuluota, FL 32766		
		City/State and Zip Code	·
	behapdel21@gmail.com E-mail address: (to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	·	
Brent Chapdelaine		407 468-9042	
Name o	f Person	at () Area Code Dayti	ime Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration S	Section
Division of C		Division of Co	.
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, I	FL 32314	2415 N. Monr	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Family Homes, LLC			
(Name of the Limited	Liability Compa Florida Limited	iny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liab	bility Company	were filed on 11/18/2020	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of t</u>	he limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation "LLC	
Enter new principal offices address, if applicat	ole:	N/A	2021 (
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
			20 to 1
Enter new mailing address, if applicable:		N/A	F. 12.5
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or reg agent and/or the new registered office address	·-	address on our records, enter	the name of the new registere
•			
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street addres:	s
			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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Chad J. Clark	1720 Lake Mills Road, Chuluota, FL 32766	≣ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			TALLAHA
			HASSS AND
			Add TH 12ve 54
			□Change
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			□Change
			🗆 Add
			□ Remove
			□Change

N/A	
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	9:11
 	
ctive date, if other than the date of filing:	(optional) ir to date of filing or more than 90 days after filing.) Pursuant to 605.03
	cable statutory filing requirements, this date will not be listed
ament's effective date on the Department of State's records	š.
	time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
filed.	
October 3rd 2021	
ed	·
1/2 /mil	
Signature of a member or auth	orized representative of a member
Signature of a member of data	torned representative or a memoer

Filing Fee: \$25.00