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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Mac	Fine" S Parad Name of Limi	ise Homes L hed Liability Company	LC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Martine	Ai S Name of Person	
	Martine's	Paradise Homes	LLC
	5302 Limelia	and Cic Apt 7 Address	
	Orlando, FL	City/State and Zip Code Committee C	
	ars motine E-mail address: (1	o be used for future annual report notific	eation)
For further information cor	ncerning this matter, please ca	ill:	
Name of I	A:5	at (407) QO 6 Area Code Daytime 7	¥377 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)	Sectificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Co P.O. Box 6327	ection	Street Address: Registration Secti Division of Corpo The Centre of Tal	orations

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Martine's revact	NSP hility Comps	Homes LLC	
(A Flo	rida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L2000368</u> °		were filed on 1112312020	_ and assigned
This amendment is submitted to amend the following	:		2020 DEC 11
A. If amending name, enter the new name of the li	imited liab	oility company here:	DE .
NIA			
The new name must be distinguishable and contain the words "1	imited Liabi	lity Company," the designation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:		1317 Edgewater Dr	viation "L.L.C."
(Principal office address MUST BE A STREET AD	DRESS)	Suite 2238	······································
		Octando, FL 32804	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		PO Box 560371	
(Mailing address MAY BE A POST OFFICE BOX)		Orlando, FL 32856	2
B. If amending the registered agent and/or registe agent and/or the new registered office address here		address on our records, enter the name o	f the new registered
Name of New Registered Agent:	11A		.
New Registered Office Address:			
		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 Changing Registered Agent, Signature of New Registered Agent

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
		NIA	<u></u>
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			□Change
			□Add
			□Remove
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effective date is list e: If the date inse	ner than the date of filing: ed, the date must be specific and cannot be printed in this block does not meet the applicate on the Department of State's record	or to date of filing or more licable statutory filing t	(optional) than 90 days after filing equirements, this date	.) Pursuant to 605.020
cord specifies a do s filed.	layed effective date, but not an effective	e time, at 12:01 a.m. on	the earlier of: (b) TI	ne 90th day after the
ed 121	0912020		۳.	
	Month	u C	<u>S</u>	
	 Signature of a member or au 	thorized representative of	a memoer	