120000384576

| (Re | questor's Name) | |
|-------------------------|--------------------|-------------|
| | | |
| (Ad | dress) | |
| | | |
| (Ad | idress) | |
| | | |
| (Ĉit | ty/State/Zip/Phone | = #) |
| | | |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| /P: | siness Entity Nar | <u></u> |
| ua) | isiness chuty nai | ne) |
| <u>-</u> - | · · · · · | |
| (Do | cument Number) | |
| | | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| · | - | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



100378920061

01/06/22--01015--018 **25.00

34 16 111 5- 1/17 35 PB

T. MATTHEWS

COVER LETTER

TO: Registration Section

| Division of Cor | porations | | |
|---|--|--|--|
| SUBJECT: <u>F</u> | anklin Ho | o mes LLC ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | AGRO | Name of Person | |
| Division of Corporations URJECT: Franklin Homes Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: AGRON GELA Name of Person Firm/Company 3708 SW 1944 Aug. Address Care Coral Flori sla 339/4 City/State and Zip Code Live-Lurhous Company F-mail address (to be fiscal for future annual report notification) or further information concerning this matter, please call: Name of Person Name of Person Area Code Daytime Telephone Number at (| | | |
| | <u> </u> | , , | Ve |
| | | | |
| | <u>lluaturhav</u> E-mail address: (| i @ Yahs. Com to be used for future annual report not | lification) |
| For further information c | | | |
| Name o | f Person | at () Area Code Daytir | ne Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ♥ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| Registration S | Section | Registration Se | |
| P.O. Box 632 | 7 | The Centre of | Tallahassee |
| rananassee, r | TL 02014 | 2410 IN. MORE | De Direct, Danc 910 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Franklin H | omes LLC 22 JM -5 /11 9:48 |
|--|--|
| (Name of the Limited Liability (A Florida L | Company as it now appears on our records.) imited Liability Company) |
| The Articles of Organization for this Limited Liability Cor Florida document number <u>L 2000384576</u> | mpany were filed on and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, <u>enter the new name of the limite</u> | ed liability company here: |
| The new name must be distinguishable and contain the words "Limite | d Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE | 3708 SW 19th Ave (SS) Cape COral Florida 33914 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | office address on our records, enter the name of the new registere |
| Name of New Registered Agent: II | va Turhani |
| New Registered Office Address: 3 | 108 SW 19th Ave Enter Florida street address |
| Ilvaturhani@Yahoo.com 248 238 9453 | Enter Florida street address Po Coral Florida 3914 Zip Code |
| No. 10. Carrotte and the street of the contraction in a contraction in the street of the contraction in the contraction in the contraction in the street of the contraction in the contraction i | A |

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 |
|--------------|------------------|---|-----------------|
| MGR | Ilva Turhani | 3708 Sw 19th Ave Cape corol 71 33914 | ⊠ Add |
| | | | □Remove |
| | | | □Change |
| MGR | Agron Cela | 4390 Lazio Way 41 Fort Myers 33907 | <u>OZ</u> □Add |
| | | —————————————————————————————————————— | ⊠ Remove |
| AMBR | | | □Change |
| | Franklin Turhani | 3708 Sw 19th Ave | ⊠ Add |
| | | Cape coral 71 33914 | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | 🗀 Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |

| _ | |
|--------------------------|--|
| | |
| _ | |
| _ | |
| _ | |
| | |
| _ | |
| - | |
| _ | |
| _ | |
| _ | |
| _ | |
| | |
| _ | |
| - | |
| _ | |
| Note: | ve date, if other than the date of filing: |
| he record ord is file | 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 ed. |
| Dated _ | 1-3-22 |
| | Signature of a member or authorized representative of a member |
| | The Turhani Typed or printed name of signee |