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| CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222 | · |
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| Liberty Housing Group LLC | |
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| | Art of Inc. File |
| | LTD Partnership File |
| | Foreign Corp. File |
| | L.C. File |
| | Fictitious Name File |
| | Trade/Service Mark |
| | Merger File |
| | Att. of Amend. File |
| | RA Resignation |
| | Dissolution / Withdrawal |
| | Annual Report / Reinstatement |
| | Cert. Copy |
| | Photo Copy |
| | Certificate of Good Standing |
| | Certificate of Status |
| | Certificate of Fictitious Name |
| | Corp Record Search |
| | Officer Search |
| | Fictitious Search |
| Signature | Fictitious Owner Search |
| | Vehicle Search |
| | Driving Record |
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COVER LETTER

TO: Registration Section Division of Corporations

LIBERTY HOUSING GROUP LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NICHOLAS YALE

Name of Person

LIBERTY HOUSING GROUP IIc

Firm/Company

2918 W BAY COURT AVE

Address

TAMPA, FL 33611

City/State and Zip Code

nickyale@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Nicholas Yale
 813
 813-504-4395

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

🔳 \$25.00 Filing Fee

L \$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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

| | • • | | |
|--|------------------------------|---|-----------|
| | | MENDMENT | |
| ARTI | CLES OF OR OF | RGANIZATION 2021 JAN 27 AM 10: 47 | |
| LIBERTY HOUSING GROUP LLC | | as it now appears on our records.) | |
| The Articles of Organization for this Limited Lia Florida document number <u>L21000007256</u> | bility Company we | ere filed on <u>12/29/2020</u> and assigned | |
| This amendment is submitted to amend the follow | ving: | | |
| A. If amending name, enter the new name of t | i <u>he limited liabilit</u> | ty company here: | |
| | | | |
| The new name must be distinguishable and contain the wo | rds "Limited Liability | Company," the designation "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applica | ble: - | | |
| (Principal office address MUST BE A STREET | <u>ADDRESS)</u> | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE B | - OX) | | |
| | | | |
| B. If amending the registered agent and/or regagent and/or the new registered office address | | dress on our records, <u>enter the name of the new register</u> | <u>ed</u> |
| Name of New Registered Agent: | Steven Yale | | |
| New Registered Office Address: | 2918 W Bay Cour | | |
| | | Enter Florida street address | |
| | Tampa | , Florida 33611 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.

Steven SALL

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 | | 2021 JAN 27 AM 10: 46 | | | |
| Title | Name | Address | Type of Action | | |
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| ive date, if other than the date of filing: _ | (optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 60 |
| If the date inserted in this block does not meet | the applicable statutory filing requirements, this date will not be list |
| ent's effective date on the Department of State | 's records. |
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| Dated | 1/26.2021. | |
|-------|--|--|
| | Steven by All | |
| | Signature of a member or authorized representative of a member | |
| | Steven Yale | |
| | Turned on printed name of Signer | |

Typed or printed name of signee

Filing Fee: \$25.00