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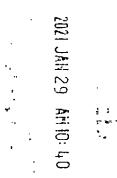
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COVER LETTER

TO:

Registration Section

Division of Cor	porations						
Never Hom	ne LLC						
SUBJECT: Name of Limited 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:					
	ERIC ARTIS						
	Name of Person						
Not Ever Home LLC Firm/Company							
2526 VINTAGE PLACE CIRCLE							
Address							
FARMERS BRACH, TX 75234							
	City/State and Zip Code						
	ericartis757@gmail.com						
	E-mail address: (to be used for future annual report notifi	cation)				
For further information c	oncerning this matter, please ca	all:					
ERIC ARTIS	954 6(x)-0722						
Name o	f Person	at () Area Code Daytime	Telephone Number				
Enclosed is a check for the	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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					
rananassee, 1	C1. 54514	Tallahassee, FL 32303					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Never Home LLC 2021 JAN 29 AM 10: 40

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 1, 2021 Florida document number 1.21000010507 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Not Ever Home LLC The 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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>	<u>Address</u>	2021 JAN 29 AH 10: 40	Type of Action	
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_____ □Change

Typed or printed name of signee

BRIAN DAVIS, Authorized Representative

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