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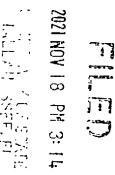
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Y. SCOTT DEC - 9 2021

COVER LETTER

TO:

TO: Registration S Division of Co		<	. •			
	L FLORIDA QUALITY HOME	ES LLC	•			
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Ricardo Calzada					
		Name of Person		_		
	My Law Solution, PA				20	
		Firm/Company			21 N	
	1803 Barker Drive				2021 NOV 18	: 2 1
		Address		-u 5277	<i>ග</i>	3
	Winter Park, Floria			SET.	PK 3: 1	1 1
	rcalzada@mylawsolution.co	City/State and Zip Code om			.i=	
		to be used for future annual report notif	ication)			
For further information	concerning this matter, please c	all:				
Ricardo Calzada		407 222-5378 at ()				
Name	of Person		e Telephone Numbe	er		
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of St	atus &	I
Mailing Addr		Street Address:	otion			
Registration Division of	Corporations	Registration Sec Division of Cor				
P.O. Box 63	327	The Centre of T	allahassee			
Tallahassee	FL 32314	2415 N. Monroe	e Street Suite	810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTRAL FLORIDA QUALITY HOMES LLC (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 $\frac{01/04/2021}{1}$ and assigned Florida document number 1.21000011917 . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 1 (Principal office address MUST BE A STREET ADDRESS) 1 3 3 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:

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

Enter Florida street address

, Florida

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>	Type of Action
AMBR	ZOYLA, GUAMAN S	413 TULANE DRIVE	□Add
		ALTAMONTE SPRINGS, FL 32714	
			□Change
AMBR	Mizhquiri, Cesar В	1540 KENLYN DRIVE	\equiv Add
		LONGWOOD, FL 32779	[]Remove
			Drange
			☐Remove
			[BChange
		<u>-</u>	🗆 Add
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			□Remove
			□Change

Effective date, if other than the date of filing: May 1, 2021 (optional)				
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