



Office Use Only



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COVER LETTER

Division of Corporations		
SUBJECT: STUPI		
	Name of Limited Liability Company	
The enclosed Articles of Amendment	and fec(s) are submitted for filing.	
Please return all correspondence conce	erning this matter to the following:	
	TOHN STUPER Namic of Person	
	OHN'S PAINTING Firm/Company	
_8	015 LOS ALAMOS DF.	
Po	City/State and Zip Code City/State and Zip Code Per Loca L Yoka L & Yahoo Called Company Code E-mail address: (to be used for future annual report notification)	3
<u>+</u>	E-mail address: (to be used for future annual report notification)	Com
For further information concerning thi		
John Stupe Name of Person	at (727) 514-3128 Area Code Daytime Telephone Number	
Enclosed is a check for the following a	amount:	
	(additional copy is enclosed) Certified (e of Status &
Mailing Address:	Street Address:	

TO:

Registration Section

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STUPER	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u> </u>	· · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	
HOMES BY JO	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Minited Liability Company, the designation LLC of the abbreviation L.L.C.
(Principal office address MUST BE A STREET ADD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, enter the name of the new regise:
Name of New Registered Agent:	N/A
New Registered Office Address:	U/A
	Enter Florida street address
	, Florida

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>	Name	Address	Type of Action
	NA	N/A	
			□Remove
			□ Change
			□Add
			Change
			□Remove
			□ Change
			□ Add
			□ Remove
			□ Change
			□ Add
			□Remove
			□ Change
			□ Add
			□ Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
he recor ord is fi	d 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	2-6, 2024.
	(FA12)
	Signature of a member or authorized representative of a member
	John Stuper Typed of printed name of signee

THE TO CAR OR