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(R	Requestor's Name)
(A	ddress)
(A	address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(É	Business Entity Name)
(C	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	MAR 17 2023

Office Use Only



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OS ETIMO GENERALIS

COVER LETTER

		•
Sing Marco Name of Limit	5 Homestead ted Liability Company), LLC
endment and fee(s) are subn	nitted for filing.	
ence concerning this matter t	to the following:	
7518	International	Village Dire
Jacks	City/State and Zip Code	52277
erning this matter, please ca	ill:	
Menton	at (<u>loto</u>) <u>04</u> Area Code Da	ytime Telephone Number
ollowing amount:		
□ \$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)
	Stace Stace Stace Stace E-mail address: (the terming this matter) Tolk Stace St	Address Stack C Stack mentor. City/State and Zip Code Stack C Stack mentor. Cerning this matter, please call: Mentor Stack C Stack mentor. Cerning this matter, please call: Mentor Sold Son Siling Fee & Certificate of Status Certificate of Status Certificate Copy Mama Standard Company Address Later and Zip Code Stack C Stack mentor. Cerning this matter, please call: Mentor Sold Son Siling Fee & Certified Copy

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

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it now appears on our records.) tty Company)
e filed on Sand 19, 2021 and assigned
company here:
ompany," the designation "LLC" or the abbreviation "L.L.C."
ess on our records, enter the name of the new registered
Enter Florida street address
Cuv 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.

Cuv

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

Title	<u>Name</u>	Address	Type of Action
			□Add
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Y4	e date, if other than the date of filing:(optional)
ın effec	tive 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 605.02
<u>ote:</u> li	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and seffective date on the Department of State's records.
cumei	it selfective date on the Department of State 3 records.
ecord	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
is file	
ated	Signature of a member or authorized representative of a member
	100