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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Con			
SUBJECT: _	150 H	homes LLC	
		mited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ndence concerning this matte	er to the following:	
	Deric	K Jones Name of Person	
		homes LLC Firm/Company	SE 385
	1109	Lady Elaine	1023 AUG 16 AM 8: 21 SELVE TALL WHASSEE, FL
		Valrico 1FL 33 City/State and Zip Code	514 RY OF S
	Derick E-mail address:	City/State and Zip Code - J 20 22 2 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	ail. Com
For further information co	oncerning this matter, please of		incaron,
Derick Name of	Jones	at (813) 716 Area Code Daytin	1728
ivanie oi	reison	Area Code Daytin	e Telephone Number
Enclosed is a check for th	e following amount:		
	□ \$30.00 Filing Fec & 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 S	-	Street Address: Registration Se	ction
Division of Co P.O. Box 6327	orporations	Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

150 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 2/3/2021 and assigned Florida document number 121000059687.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
& Depolation Senot prime LLE
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: (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
, Florida
City 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.

If Changing Registered Agent, Signature of New Registered Agent

It 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
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