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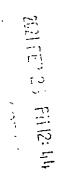
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COVER LETTER

SUBJECT: LT Homes and Services LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Latonya H. Gamble Name of Person
LT Homes and Services Lic
10535 McGirts Creck Drive
Jacksonville, FC 3221 City/State and Zip Code Lgamblereal Hore atticetion)
For further information concerning this matter, please call:
Latonyal-Gamble at 904 327-3527 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section
Division of Corporations

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 TO ARTICLES OF ORGANIZATION OF

LT Homes and Services LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company were filed on February 9, 200 and assigned

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>	Address	Type of Action
MER	Angelo E. HarrellII	10535 McGirts Crede	D r □∧dd
	V	Jux., FC 32221	Remove
			□ Change
am6R	Alterious M. Hanell	10535 McGirls Creek	<u>Dr</u> ,□Add
		Jax, FL 32221	Remove
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Amer	La Tonya H. Garable	10535 McGirts (reck D	rive Aid
		Jacksonville, Fl 3222	□Remove
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Effective date, if other than the date of filing: (aptional) I an effective 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 685,0207 of Mere; if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as I document's effective date on the Department of State's records. The potch day after the rd is filed. Dated February 19 2021 Signature of a member or authorized representative of a member.				··			
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Filing Fee: \$25.00