121000115605

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2-9-28

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Lore	nis Homes	LLC	
	Name of Lin	aited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Jos	Name of Person	
		Firm/Company	
	2881 Fayso	Address	
	Deltona Loveris Ha	FL 32738 City/State and Zip Code	
	Lorenis Hor E-mail address:	hes G Gmail.lom to be used for future annual report notifi	2022 JA
For further information co	ncerning this matter, please c		cation) -3694 Telephone Number
Name of	YYZ Person		-3694 Telephone Number
Enclosed is a check for the	following amount:		
₩ \$25.00 Filing Fee	□ \$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)
Mailing Address:	:	Street Address:	

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

5. E 41

(Name of the Limited Liability Company as it now appears on our records.)	
(A Florida Limited Liability Company) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{3/10/21}{10/21}$ Florida document number $\frac{12100015605}{15005}$.	and assigned
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 abbre	eviation "L.L.C."
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 agent and/or the new registered office address here:	of the new registered
agent and/or the new registered write address nere.	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
Florida	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 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
			□Add
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Remove
		W. C.	□Add
			□Remove
			Change
			□Add
			□Remove
			□ Chopus

). If amending a	iny other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Provisions for the Company as followed,
	huse, sell, Hold, and operate real
	ate with in the State of Florida, and
Liab	other legal dets perm; Hed by lim; ted
	· · · · · · · · · · · · · · · · · · ·
(If an effective date Note: If the da	, if other than the date of filing:
the record specific ecord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Junuary 27. 2022.
Dated	
	Signature of a member or authorized representative of a member
	Jose Peces
	Typed or printed name of signee