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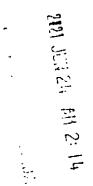
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COVER LETTER

Division of Co		
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	Name of Person	~
	Advanced Homes Fist LLC	
	2400 MW LEF AVE	
	Schrise FL 30313	
	City/State and Zip Code	
E. C. whom information	n concerning this matter, please call:	
	at (454) 637 - 7195 The of Person at (454) Daytime Telephone Number	
Enclosed is a check for	or the following amount:	
S25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Fil Certificate of Status Certified Copy Certificat Certified Copy Certified Certified	e of Status &

Mailing Address:

Registration Section

TO:

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

	mes Firs	t LLC		
(Name of the Limited Liability Co. (A Florida Lumi	mpany as it now appe ted Liability Company	ars on our records.)	-	
The Articles of Organization for this Limited Liability Comparing Lipidia document number nu	-	3/16/21	, an-	d assigned
This amendment is submitted to amend the following:				C ;
A. If amending name, enter the new name of the limited !	iability company l	here:		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the	designation "LLC" or the	abbreviation	m "L.L.C."
Enter new principal offices address, if applicable:			***	282
(Principal office address MUST BE A STREET ADDRESS	2		τ	نيخ
				
Enter new mailing address, if applicable:			-	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	·		<i>:</i>	£
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our	records, enter the m	me of th	e new registered
Name of New Registered Agent:	•			
New Registered Office Address:	Enter Fl	lorida street address		· · · · · · · · · · · · · · · · · · ·
		, Florida		
•	City		Zzpe	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 Type of Action more Anthony McMillan 2400 NW 64 Ave Nada

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