## KZ1000126987

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## **COVER LETTER**

TO:

TO: Registration Sc Division of Cor			
	ND HOME ESTATES, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DON PINGARO		
		Name of Person	
	HORSE AND HOME EST	FATES, LLC	
		Firm/Company	
	10837 GARDEN RIDGE	COURT	
		Address	
	DAVIE. FLORIDA 3332	8	
		City/State and Zip Code	
	donnie.pingaro@sideinc.co	m	
	E-mail address: (	to be used for future annual report not	tification)
For further information c	oncerning this matter, please c	all:	
Don Pingaro		305 389-2922 at ( )	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne 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 Registration 5	Section	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	-
Tallahassee, I			pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HORSE AND HOME ESTATES, LLC

New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

(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 3/26/2021 and assigned Florida document number 1.21000126987

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 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:

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 familian will and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or it this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited Bability company has been notified in writing of this change.

Enter Florida street address

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
MMRG	DONALD PINGARO	10837 GARDEN RIDGE COURT	
		DAVIE, FL 33328	■Remove
			□Change
MMRG	JACOB LYMAN	10837 GARDEN RIDGE COURT	
		DAVIE, FL 33328	■Remove
			\ \ \ \
MGR	DONALD PINGARO	10837 GARDEN RIDGE COURT	
		DAVIE, FL 33328	□Remove
			\(\sum_C\)
			□Add
			□Remove
			□Change
			□Change

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Effective date, if other than the dat (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be pric k does not meet the appli	or to date of filing of icable statutory fi	r more than 90 days afte	er filing.) Pursuant to 605.	.0207 (3 ed as the
ne record specifies a delayed effective dord is filed.	late, but not an effective	time, at 12:01 a.i	n, on the earlier of: (	b) The 90th day after	r the
Dated December 29	2021	·			
1 Auco					
Don Pin	garo				
Don Pin	gnature of a member or aut	horized representat	ive of a member		