L21000177382

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

ELLIOTT :	FINCH HOMES		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	PETER MANGOS		
		Name of Person	
	ELLIOTT FINCH HOME	S	
		Firm/Company	
	5056 WHITEWATER WA	ΛY	
	-	Address	
	SAINT CLOUD, FLORID	A 34771	
		City/State and Zip Code	
	p_mangos@yahoo.com		
	E-mail address: (to be used for future annual report not	iffication)
For further information c	oncerning this matter, please c	all:	
PETER MANGOS		407 739-7866 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELLIOT FINCH HOMES, LLC			
(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number L21000177382	iability Company	were filed on (04/16/2021	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liah	ility company here:	
ELLIOTT FINCH LLC			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		5056 WHITEWATER WAY	
		SAINT CLOUD, FLORIDA 34771	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	5056 WHITEWATER WAY SAINT CLOUD, FLORIDA 34771	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter the nan</u>	ne of the new registere
Name of New Registered Agent:	N/A		THE PERSON OF TH
New Registered Office Address:	N/A	The Hart was the	8.
	N/A	Enter Florida street address	<u> </u>

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.

City

Zip Code

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>	Name	Address	Type of Action
			□Add
			□ Remove
		 	□Change
			□Add
			□Remove
			□Add
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			□Remove
			□ Add
		· · ·	□Remove
			□Change
			□Add
			□Remove
			Fichen

	5056 WHITEWATER WAY
	SAINT CLOUD, FL 34771
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	PLEASE REMOVE ALL OTHER PREVIOUS ADDRESSES
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n eff ote:	ive date, if other than the date of filing:
ecor is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ited	SEPTEMBER 02 2023

Typed or printed name of signee