

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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From:			فكالث	<u></u>
1 2 3 ,	Account Name	: CORPORATE CREATIONS INTERNATIONAL	INC	
	Account Number	: 110432003053	- - 1	8
	Phone	: (561)694-8107		
	Fax Number	: (561)214-8442		

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		_		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RINGON HOMES LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(A Same of the Limited	Liability Compa Florida Limited I	ny as it now appears on our records Liability Company)	<u>,</u>
The Articles of Organization for this Limited Liab Florida document number L21000179123	ility Company	were filed on	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ie limited liab	ility company here:	
			202
The new name must be distinguishable and contain the word Enter new principal offices address, if applicab		lity Company," the designation "LLC" 10837 Garden Ridge Court	or the abbreviation=L.L.C."
(Principal office address MUST BE A STREET)		Davie, FL 33328	200 1 €
Enter new mailing address, if applicable:		10837 Garden Ridge Court	SEE FLE
(Mailing address MAY BE A POST OFFICE BOX)		Davie, FL 33328	
B. If amending the registered agent and/or reg agent and/or the new registered office address l		uddress on our records, <u>enter</u>	the name of the new regis
	Name of New Registered Agent: Corporate Creations Network Inc.		
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:	801 US Highw		
Name of New Registered Agent.	801 US Highw	Enter Florida street address	orida 33408

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
MGR	PAUL RINGON	4232 N DIXIE HWY, UNIT 118	🗀 Add
		FORT LAUDERDALE, FL 33334	≅ Remove
			Change
MGR	WESLEY DESHAW	4232 N DIXIE HWY, UNIT 118	
		FORT LAUDERDALE, FL 33334	202ve HAY
MBR	Donald G Pingaro II	10837 Garden Ridge Court	Change T
		Davie, FL 33328	Remove
			Change
MBR	Jacob Lyman	10837 Garden Ridge Court	\exact A dd
		Davie, FL 33328	
			☐ Change
			□Add
			□ Remove
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			Remove

□ Change

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	May 18th 2021					
Signature of a member or authorized representative of a member		··				
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