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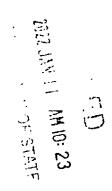
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A. RIVERS JAN 2 4 2022



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COVER LETTER

Division of Corp	porations		
	OMES, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	DON PINGARO		
	<u></u>	Name of Person	
	RINGON HOMES, LLC		
		Firm/Company	
	10837 GARDEN RIDGE G		
		Address	
	DAVIE, FLORIDA 33328	3	
		City/State and Zip Code	
	donnie.pingaro@sideinc.co		
	E-mail address: ()	to be used for future annual report notifi-	cation)
For further information co	oncerning this matter, please ca	all:	
Don Pingaro		305 389-2922 at ()	
Name of		Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	S30.00 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)

TO:

Registration Section

Mailing Address:
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

RINGON HOMES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number $\frac{L21000179123}{L}$ 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 "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 of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	DONALD G PINGARO II	10837 GARDEN RIDGE COURT	
		DAVIE, FL 33328	■Remove
			Change
MBR	JACOB LYMAN	10837 GARDEN RIDGE COURT	
		DAVIE, FL 33328	≣ Remove
			□Change
MGR	DON GERARD PINGARO II	10837 GARDEN RIDGE COURT	≣ Add
		DAVIE, FL 33328	== == ==========================
			Change
			TRemove
	·		
			ZRemove
			Change
	·		
			TRemove
			-iChana.

II amen	uing any other informati	ion, enter change(s) here: (Attach additional sheets, if necessary.)
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f an effect <u>Note:</u> If	tive date is listed, the date must the date inserted in this blo	date of filing:
record : d is filed		date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	December 29	. 2021
	Don Pi	ngaro
		Signature of a member or authorized representative of a member
	Don Pingaro	
		Typed or printed name of signee