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C. BRUMBLE. NOV 24 2023

## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations
SUBJECT: Lynn Sindym Homes IC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person  Siudy M Homes LLC  Firm/Company  435 M. Alw England De.  Address  City/State and Zip Code  Y. Siudy M. Out Ott. Com  k-mail address: (to be used for furtire annual report notification)
For further information concerning this matter, please call:
Name of Person  at (94) 907 3339  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$2.\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed)\$\$ \$2.\$25.00 Filing Fee \$\text{Certified Copy}\$\$ Certified Copy (additional copy is enclosed)\$\$ \$2.\$25.00 Filing Fee \$\text{Certified Copy}\$\$ Certified Copy (additional copy is enclosed)\$\$ \$2.\$25.00 Filing Fee \$\text{Certified Copy}\$\$ Certified Copy (additional copy is enclosed)\$\$ \$2.\$25.00 Filing Fee \$\text{Certified Copy}\$\$ \$2.\$25

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**

(Name of the Limit	ed Liability Company as it now appe (A Floride Limited Liability Company		<u> </u>	
The Articles of Organization for this Limited Life Florida document number <u>L21000</u>	iability Company were filed on _	May 26,0	<b>60</b> and assign	ned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the	designation "LLC" or the ab	obreviation "L.L.C	D."
Enter new principal offices address, if applic	able:		2021	
(Principal office address MUST BE A STREE	T ADDRESS)		NOV	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	BOX)		-5 AH 9: 2	
B. If amending the registered agent and/or ragent and/or the new registered office addres		records, enter the nam	e of the new r	egistered
Name of New Registered Agent:	<u>Lynn</u>	Sinoym		E + 1175/C = 4
New Registered Office Address:	435 W. New Enter Fl	England DR Porida street address		
	Elk ton City	, Florida	320 Zip Code	53
New Registered Agent's Signature, if changing F	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 Changing Registered Agent, Signature of New Registered Agent

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 = Ma AMBR = Au	anager Ithorized Membe	r			
<u>Title</u>	Name		Address	1	Type of Action
AMBR	Chrob	A. Sindym	435 W. FIKton, FL	New Englan	1
			EIKton, FL	32033	□Remove
					Change
AMBR_	Lynn	Sayyy	21Kton, FC	w England	Add
		V	Elkton, FC	32033	□Remove
					Change
					□Add
					□ Remove
					□Change
					□Add
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ffect	tive date, if other than the date of filing:
<u> Yote:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
iocun	nent's effective date on the Department of State's records.
	-1
reco d is f	rd 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 iled.
Dated	Nov. I 2021
	Signature of a member or authorized representative of a member
	Lynn Siubym

Filing Fee: \$25.00