L21000247545

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SECRETARY OF STATE



COVER LETTER

• TO:

TO:	Registration Se Division of Cor		•,*	·
	Typhi	ı Homes, LLC		
SUBJI	ECT: Typine		ted Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspo	ondence concerning this matter t	o the following:	
		Lisa Shults		
			Name of Person	
		Corporate D	irect, Inc.	
		·	Firm/Company	
		2248 Meridiar	n Blvd. Ste H	
			Address	10.11.
		Minden, NV	89423	
			City/State and Zip Code	
		LSHULTS@CORF	ORATEDIRECT. o be used for future annual rep	
Cara Car				on nonneadur
roriui	ther information c	oncerning this matter, please ca	11.	
Lisa Shults		_{at (} 775, 284	-7167	
	Name o	f Person	Area Code	Daytime Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres	_	Street Add	
Registration Section Division of Corporations			—	on Section of Corporations
	P.O. Box 632			e of Tallahassee
	Tallahaccon I	EL 30314	2/15 N N	Annroa Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Typhu Homes, LLC			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company vi Florida document number L21000247545		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	itv company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the ab	obreviation "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)		SECRETAR TALLAHASS	
B. If amending the registered agent and/or registered office ad	idress on our records, enter the nam		
agent and/or the new registered office address here: Name of New Registered Agent:		SIAIE SIAIE	
•			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am f rovided for in Chapter 605, F.S. Or,	familiar with and if this document is	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the fitle, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Son Tran	7901 4th Street N, Ste 300	□Add
		St. Petersburg, FL 33702	
			Cliange
MGR	Tran Invest, LLC	172 Center Street, Ste 202	2
		Jackson, WY 83001	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			🗆 Change
			□Add
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		-	□ Add
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fective date, if other than the date	of filing:		(0	ptional)	
an effective date is listed, the date must be spote: If the date inserted in this block do	oes not meet the appli	cable statutory f			
peument's effective date on the Departr	ment of State's record	S.			
record specifies a delayed effective date	but not an effective	time, at 12:01 a	m on the earlier of	f (h) The 90th d	lav after the
is filed.	, , , , , , , , , , , , , , , , , , , ,			(0)	,
May 15	2023				
ated May 15	. 2023	<u> </u>			
7					
so tran					
Ico Iran Signa	ture of a member or aut	horized representa	tive of a member		

Filing Fee: \$25.00