L21000297584

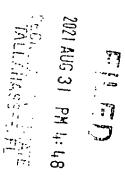
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| | istration Sec ision of Corp | | | | |
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| eub icet. | Find Where | Home Is LLC | | | |
| SUBJECT: | | Name of Lim | ited Liability Company | | |
| The enclosed | Articles of A | mendment and fee(s) are sub | omitted for filing. | | |
| Please return | all correspon | dence concerning this matter | to the following: | | |
| | | Jacqueline Quiroga | | | |
| | | | Name of Person | | |
| | | ZenBusiness INC | | | |
| | | | Firm/Company | | |
| | 5511 Parkerest Drive STE 103 | | | | |
| | | | Address | | |
| | | Austin, Texas, 78731 | | | |
| | | | City/State and Zip Code | | 3 |
| | | fulfillment@zenbusiness.co | | SEUNCIANS 31 | |
| | | | to be used for future annual report notification |))) | |
| For further in | iformation co | ncerning this matter, please co | all: | ري (الري الري الري الري الري الري الري الري | |
| Jacqueline Q | uiroga c/o Ze | enBusiness INC | 844 493-6249 at () | ephone Number 77 2 | |
| | Name of | Person | Area Code Daytime Tele | ephone Number 77 77 & & | |
| Enclosed is a | check for the | following amount: | | | |
| ■ \$ 25.00 F | iling 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 enclose | |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Find Where Home Is LLC | | | |
|--|---|-------------------------|--|
| (Name of the Limited Liability Comp (A Florida Limited | pany as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Liability Compan Florida document number $\frac{L21000297584}{L21000297584}$. | and assigned | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liab | bility Company," the designation "LLC" or th | e abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | 200 | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | | <u> </u> | |
| Enter new mailing address, if applicable: | | PH T | |
| Mailing address MAY BE A POST OFFICE BOX) | | The | |
| | | m | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | e address on our records, <u>enter the n</u> | ame of the new register | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | , Florida | Zip Code | |
| | City | Zip Coxie | |

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> | <u>Address</u> | Type of Action |
|--------------|----------------------|-----------------------|--|
| AMBR | Chanyla A Nocentelli | 50 Boxwood LN | Add |
| | | Palm Coast , FL 32137 | □ Remove |
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| ective date, if other than the | date of filing: be specific and cannot be prior to date of f | (o | ptional) | |
| reffective date is listed, the date must te: If the date inserted in this blo | be specific and cannot be prior to date of fact does not meet the applicable status | filing or more than 90 days a tory filing requirements, | fler filing.) Pursuant to this date will not be | 605,020 listed a |
| nument's effective date on the De | partment of State's records. | , 5 , | | |
| and an estimated to the state of | | | | |
| s filed. | date, but not an effective time, at 12: | UT a.m. on the earlier of | : (b) The 90th day a | itter the |
| A 20 I | | | | |
| August 30th | , 2021 | | | |
| ea | | | | |
| | /S/ Victori K Sabe. Signature of a member or authorized repre | | | |

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