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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

	egistration Se ivision of Cor			,
CHDIECT		others Custom Homes & Desig	ns LLC	
SUBJECT		Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retui	rn all correspo	ndence concerning this matter	to the following:	
		Jenny Countz		
			Name of Person	
		ZenBusiness Inc		
			Firm/Company	
		5511 Parkerest Dr., Suite 2	207	
			Address	
		Austin, TX 78731		
		fulfillment@zenbusiness.co	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notif	ication)
For further	information c	oncerning this matter, please ca	all:	
Jenny Cou	ntz		844 493-6249 at ()	
	Name o	f Person		Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	□ \$30.00 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Havnes Brothers Custom Homes & Designs LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _07/19/2021 ____ and assigned Florida document number $\frac{1.21000326014}{1.000326014}$ 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 "L.L.C." 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 Changing Registered Agent. Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
AMBR	ANTHONY HAYNES	8258 Topsail Place	
		Winter Garden, FL 34787	
			Remove
			☐ Change
			Add
			Remove
			Change
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	the specific and cannot be prior ock does not meet the applica		(optional) 0 days after (iling.) Pursuant to 605.02 ments, this date will not be listed a
record specifies a delayed The 90th day after the reco		t an effective time, at	12:01 a.m. on the earlier
ted August 19	. 2021	_·	
/s/ Allison Haynes	Signature of a member or author	rized representative of a mem	ber
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Filing Fee: \$25.00