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2022 JUL 22 PM 1: 1:

A. BUTLER JUL 22 2022



COVER LETTER

SUBJECT:	Sby Home	Enhancmet	LLC
	Name of Limit	ed Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Cartney (Name of Person	
	Handy	Mのか Firm/Company	
	1744 IVE	215t wey	
	CoineSU.1	lc 12 32	609
	Cosby CU E-mail address: (to	City/State and Zip Code 5 0 cm 7	$\frac{1}{2}$. $\frac{1}{2}$
For further information c	oncerning this matter, please ca	11:	
Court Name o	TPerson C COS by	at (352) 300 Area Code Daytime	1-6470 e Telephone Number
Enclosed is a check for the	ne following amount:		
525.00 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)

Registration Section Division of Corporations

TO:

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

ARTICLES OF		ZATION	إلى الم	ED
CROSBY HO	OF OM E mpany as it now : ted Liability Com	E/V	2022 JUL 2 1 1 1/4 1/2	2 PM 1:95/ [
The Articles of Organization for this Limited Liability Compa Florida document number 2203977	my were filed o	on <u>7-</u>	22:25	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability compa	iny here:		
The new name must be distinguishable and contain the words "Limited Li	iability Company,	," the designation	n "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: Name of New Registered Agent:	ice address on	our records,	enter the nam	e of the new registered
	-			
New Registered Office Address:	En	uer Florida street	address	
	City		, Florida	Zin Coda
Name Danist and Armath. Simultane if the main Danist and Armath.	•			z.p code
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent and		n this capacit	y. I further ag	ree to comply with the

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Courtney Closs	Address 1744 NE CISTWAY	Co; wc > V-11 c. j=
			□Change
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If an effective d Note: If the	te, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than date inserted in this block does not meet the applicable statutory filing require effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605.0207 rements, this date will not be listed as
e record speci ord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e	
Dated	7-22-22 Coting Am Signature of a member or authorized representative of a me	
_	Signature of a member or authorized representative of a me	mber

Filing Fee: \$25.00