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COVER LETTER

TO: Registration Se Division of Cor			
subject: <u>5</u> ‡	Palth Home Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	K	CANCEN I SCA	
		Home (1) C! (n 11)	
	12901 M	1 Colegor Blud. Ste	20-131
	F+ MY	P. 5 FC 33919 City/State and Zip Code	· -
	E-mail address: (Ken Q Janco (cM) to be used for future innual report notification)	_ _
For further information c	oncerning this matter, please of	all:	
KeMe+n Name o	I Sell	at (<u>336</u>) <u>280 · 23</u> Area Code Daytime Telephone N	Sumber
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Section	
Division of C P.O. Box 632	orporations	Division of Corporations The Centre of Tallahassee	
Tallahassee, I		2415 N. Monroe Street, St	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Steath Home water	110	
(Name of the Limited Liability Company (A Florida Limited Lia	<u>as it now appears on our records.)</u> bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 21000 36185</u> . Y	ere filed on <u>8/11/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	<u>v company here</u> :	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abi	breviation "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 adagent and/or the new registered office address here:	dress on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:		
		•
New Registered Office Address:	Enter Florida street address	
	, Florida	<u></u>
	City	Zip Code •
New Registered Agent's Signature, if changing Registered Agent:		:. Ç.

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, <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>	Address	Type of Action
AMER	Louis P. VERNELL	1722 NW6 are capacinepla.	7468 ☑Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			🗆 Add
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			□Change
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			□Remove
			Channe

amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<u> kote:</u> II	e date, if other than the date of filing:
record Lis file	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 d.
ated _	9-1-21
	2-1-21 Lorus P. Vernell Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Louis P. Vernelle Typed or printed name of signee

Filing Fee: \$25.00