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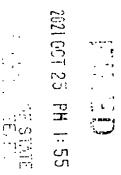
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COVER LETTER

	ation Section of Corpor			•	
Lu SUBJECT:	pton Point I	Homes, LLC			
		Name of Limi	ted Liability Company		
The enclosed Ar	ticles of Am	endment and fee(s) are subr	nitted for filing.		
Please return all	corresponde	ence concerning this matter t	o the following:		
		Robert Scott Walton			
			Name of Person		
		Law Offices of Robert S. W	Zalton, PL		
			Firm/Company		
		1304 S. De Soto Avenue, S	uite 303		
		-	Address		
		Tampa, FL 33606			
			City/State and Zip Code		
	_	mitchelljcd@gmail.com	o be used for future annual r		
				epon nouncation)	
For further infor	nation conc	erning this matter, please ca	11:		
Janet Mitchell				-2978	
	Name of Pe	rson	at () Area Code	Daytime Telepho	one Number
Enclosed is a cho	eck for the f	ollowing amount:			
□ \$25.00 Filing	g Fee	☑ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

DocuSign Envelope ID: 3ADEE6B7-43BE-4EFE-8D81-E793FBAE9E40 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Lupton Point Homes, LLC

omes, LLC 2021 OCT 25 PM 1: 55 (Name of the Limited Liability Company as it now appears on our records.)

	(A Fiorida Limited Lian	лиу Company)		AI STATE
The Articles of Organization for this Limited Li Florida document number L21000384481	iability Company we	re filed on August	27. 2021	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liabilit	y company here:		
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the designa	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	able: _			
(Principal office address MUST BE A STREE	T ADDRESS)			
	_		·	
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>			
-				
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:		ress on our record	ds, <u>enter the nam</u>	e of the new registered
New Registered Office Address:				
New Registered Office Address.		Enter Florida st	reet address	
			. Florida	
	<u></u>	City	Florida	Zip Code
New Registered Agent's Signature, if changing R	Registered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the propo- accept the obligations of my position as regis being filed to merely reflect a change in the re company has been notified in writing of this is	er and complete pe stered agent as pro registered office ad	rformance of my a vided for in Chap	luties, and I am fo ter 605, F.S. Or,	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

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II amenuing Authorized rerson(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
MGR	Lupton Point Homes 2, LLC	2110 Hawthorne Street	BAdd
		Sarasota, FL 34239	□Remove
			Change
		 -	
		 -	□Remove
			□Change
			□Add
			□Remove
			□Change
			
		□Remove	
		· · · · · · · · · · · · · · · · · · ·	Change
		 	
		□Remove	
			Change
			□Add
			□Remove
			□Change

Sective date, if other than the date of filing: Op/23/2021				
(optional) n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 tee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. Second 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 stilled.			 -	-
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Docusigned by: 9/28/2021 CESS 1914 Decis Member of a member or authorized representative of a member	ed			
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	Docusigned by:			9/28/2021

Filing Fee: \$25.00