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(Requesto	r's Name)
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PICK-UP	WAIT MAIL
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COVER LETTER

TO: Registration Sec Division of Corp			
CUD IF CT.	Tu Sandas	Homes ILC	
SUBJECT:	Name of Lim	Homes LLC ited Liability Company	
The enclosed Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Mare of Person	notification) See - 3(87) Sytime Telephone Number See Solution Status & Certificate of Status & Certified Copy (additional copy is enclosed)
		Name of Person	
	TV So	ider Homes LLC	
		Firm/Company	
	100	7 1/21 20	
		o Tara Vista Dr Address	
		1 El 20122	
	Jaraso	City/State and Zip Code	
	E-mail address: (der 6 g mail. com to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	all:	
Tilac	Saulic	. 941 . 350 -	3187
Name of	Sooder Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	C \$60.00 Eiling For
• Constraints	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Address:		Street Address:	
Registration So Division of Co		Registration Sec	
DISTRIBUTED CO	aporations	Division of Corp	Oracions

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

T. Cond.	er Homes	1	2021 OCT 15 AH 3: 00
(Name of the Limited Liabilit (A Florida	v Company as it now Limited Liability Com	appears on our	records CRETARY OF THAT
The Articles of Organization for this Limited Liability Co	ompany were filed		27 2021 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability compa	iny here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company	," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR.	<u>ESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on	our records,	enter the name of the new registered
Name of New Registered Agent:	·		
New Registered Office Address:			
	Ent	ter Florida street	address
			Florida
	Cïņ		Zip Code

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>	Address	Type of Action
MGR	Tammy Souder	1050 Tara Vista De	□Add
		Scrasota, FL 34232	Kemove
			□Change
			□Add
			□Remove
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ffective date,	if other than t	he date of fili	ing:		11	(option	nal)	
<u>iote:</u> If the date	inserted in this	block does no	t meet the app	olicable statut	ory filing requ	rements, this	date will not be	605.020 listed as
record specifies is filed.	a delayed effec	tive date, but n	ot an effectiv	e time, at 12:	01 a.m. on the	earlier of: (b)	The 90th day	after the
ated 10	7/2021	/	<u></u>	<u></u> .				
		de la						
		1/h/w	11/-					
		Signature of	a member or at	nhorized repre	sentative of a me	mber		_