L21000431628

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Corp				
Vivid Home	es LLC			
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles of 2	Amendment and fec(s) are subn	nitted for filing.		
	ndence concerning this matter to			
	Simone Wasef			
		Name of Person		
	Vivid Homes LLC			
		Firm/Company		
	7359 Sawgrass Point Drive	N		
		Address		
	Pinellas Park, FL, 33782			
		City/State and Zip Code		
	vividhomesproperties@gma		Good and	
		to be used for future annual report noti	neamony	
For further information of	concerning this matter, please ca	all:		
Simone Wasef		727 331-1869 at ()		
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he 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 Addre		Street Address: Registration So	ection	
Registration Division of 0		Division of Co	Division of Corporations	
P.O. Box 63:	27	The Centre of	Tallahassee oe Street, Suite 810	
Tallahassee	FL 32314	2410 N. MODE	or ottook oute out	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vivid Homes LLC.	itad Liability Campany	or it now appears or an-	records)
(Name of the Line	(A Florida Limited Lia	ras <mark>it now appears on our</mark> ibility Company)	Tecurus.)
The Articles of Organization for this Limited I Florida document number L21000431628	.iability Company w	vere filed on 10/01/202	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabili	ty company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre		dress on our records,	enter the name of the new regist
Name of New Registered Agent:	Simone Wasef		
New Registered Office Address:	7359 Sawgrass Po	oint Drive N	
		Enter Florida stree	t address
	Pinellas Park		Florida 33782
		City	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 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
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change
	<u></u>		□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

S	mone Wasef: 99% Owndership
<u> </u>	lichael Wasef: 1% Ownership
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(If an effi	ve date, if other than the date of filing: (optional) ctive 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 (3)(b
Note: docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
he record ord is fil	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 ed.
Dated	May 1 2023
	Signature of a member or authorized representative of a member

. . .

Filing Fee: \$25.00