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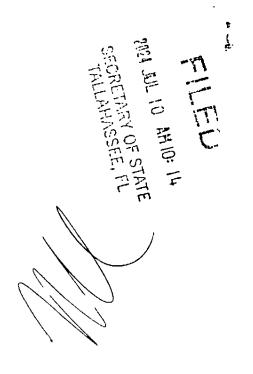
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| Certified Copies | Certificates | of Status |
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| Special Instructions to Fili | ng Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Se Division of Cor | |
|------------|------------------------------------|--|
| 0.0100.000 | Home 4 JC | LLC |
| SUBJEC | CT: | Name of Limited Liability Company |
| The encl | losed Articles of | Amendment and fee(s) are submitted for filing. |
| Please re | cturn all correspo | ndence concerning this matter to the following: |
| | | Lisa Stephenson |
| | | Name of Person |
| | | Home 4 JC LLC |
| | | Firm/Company |
| | | 911 SE 7th Avenue |
| | | Address |
| | | Pompano Beach, FL 33060 |
| | | City/State and Zip Code |
| | | stephenson4jc@gmail.com E-mail address: (to be used for future annual report notification) |
| For furtl | er information c | oncerning this matter, please call: |
| Lisa Ste | phenson | 954 818-2936 at () |
| | Name o | |
| Enclosed | d is a check for th | e following amount: |
| ■ \$25 | .00 Filing Fee (| E following amount: X \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| | Mailing Addres | Street Address: |
| | Registration S Division of C | · · · · · · · · · · · · · · · · · · · |
| | P.O. Box 632 | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Home 4 JC LLC

| (<u>Name of the Limited Liability</u> (A Florida l | v Company as it now appears on our records.) Limited Liability Company) | |
|--|---|---|
| The Articles of Organization for this Limited Liability Co Florida document number 1.21000448185 | ompany were filed on 10/13/2021 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limit | ted 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 ADDRE | ESS) | |
| | | |
| 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: | Enter Florida street address | S S |
| | | 图 是 |
| · | Cin: Florid | la Zin Code XI |
| New Registered Agent's Signature, if changing Registered | Agent: | 150 P |
| I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and coacept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change. | ent as provided for in Chapter 605, F.S. | er agree to comple with the am familiar with and F Or, if this document is |
| | If Changing Registered Agent, Signature of Ne | ew Registered Agent |

| OF A INMINISCI. OF THE OCCUPICAL | re of any other event that terminates the continued |
|--|--|
| | |
| membership of a manager in t | he limited liability company, the remaining manager(s) shall |
| have the right to continue the | business on unanimous consent of the remaining manager(s). |
| Should no managers remain, b | Kara Grace Stephenson and Eric Lee Bernard Stephenson |
| shall be named managers of H | ome 4 JC LLC. Kara Stephenson and Eric Stephenson shall have all the |
| rights, powers and privileges a | and be subject to all the obligations and duties both |
| discretionary and ministerial a | s given to managers. |
| This agreement shall be admir | nistered free from the act of supervision from any court. |
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| | 3.5 |
| etive date, if other than the o | date of filing: (optional) |
| ffective date is listed, the date must | date of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 005.43 |
| effective date is listed, the date must : If the date inserted in this blo | date of filing: |
| effective date is listed, the date must : If the date inserted in this blo | date of filing: |
| effective date is listed, the date must if the date inserted in this blo ment's effective date on the Depart specifies a delayed effective | date of filing: |
| : If the date inserted in this blo | date of filing: |
| effective date is listed, the date must : If the date inserted in this blo ment's effective date on the De ord specifies a delayed effective filed. | date of filing: |
| effective date is listed, the date must if the date inserted in this blo ment's effective date on the Depart specifies a delayed effective filed. | date of filing: be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605 gc ck does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records. |
| effective date is listed, the date must if the date inserted in this blo ment's effective date on the Depart specifies a delayed effective filed. | date of filing: |

Filing Fee: \$25.00