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## **COVER LETTER**

TO: Registration So Division of Cor				
	HOMESTLLC		•	
SUBJECT:	Name of Lin	nited Liability Company	,	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	andence concerning this matter	to the following:		
	DOROTHEA JACKSON,	ABA		
		Name of Person		
ł	ROUCHE CONSULTING	AND MAINTENANCE, INC		
		Firm/Company		
	146 PALM COAST RESC	DRT BLVD #102		
		Address		
	PALM COAST, FL 32137	•		
		City/State and Zip Code	· · ·	
	DOROTHEA@ROUCHEC		·	
For further information c	E-mail address: ( concerning this matter, please c	to be used for future annual report noti all:	fication)	
DOROTHEA JACKSON	N, ABA	561 702-0739		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	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 Addres Registration S		<u>Street Address:</u> Registration Se	ction	
Division of C			Division of Corporations	
P.O. Box 6327		The Centre of T	allahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARRISH HOMES, LLC

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{12/01/2021}{12000}$ \_\_\_\_\_ and assigned Florida document number 1.21000508617 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_\_\_ City

## 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>	Name	Address	Type of Action
AMBR	JAY SAMARINTO	35044 N TREASURE ISLAND ROAD	<b>≡</b> Add
		LEESBURG, FL 34788	□Remove
			□Change
			□Add
			□Remove
	ł		□Change
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