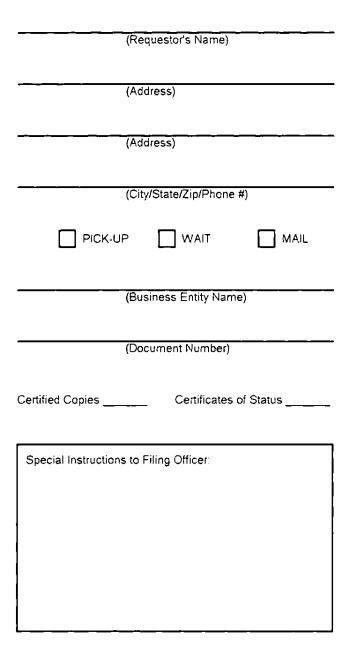
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Office Use Only



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COVER LETTER

	Registration Se Division of Cor			
eu n iez		RS FRANCHISING LLLC		
SUBJEC	, : <u></u> _	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	indence concerning this matter	to the following:	
		JOHN MORGAN		
			Name of Person	
			Firm/Company	
174 WATERCOLOR WAY #103-119				
			Address	
		SANTA ROSA BEACH,	FL 32459	
			City/State and Zip Code	
		REXX-HM@SBCGLOBA		
		E-mail address: (to be used for future annual report no	tification)
For furth	er information c	oncerning this matter, please c	all:	
JOHN M	IORGAN		850 357-8801	
	Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed	l is a check for th	ne following amount:		
≡ \$2 5.6	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		Street Address:	ection
	Registration 5 Division of C		Registration Solution of Co	
	P.O. Box 632	•	The Centre of	•
	Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEIGHBORS FRANCHISING 1 LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
he Articles of Organization for this Limited Liability Company were filed on $\frac{12/11}{12}$	7/2021 and assigned
orida document number L21000528028	
nis amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here	•
0A Home Brands LLC	
ne new name must be distinguishable and contain the words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
	^:
rincipal office address MUST BE A STREET ADDRESS)	20 21:
nter new mailing address, if applicable:	Ú3
Mailing address MAY BE A POST OFFICE BOX)	<u></u>
Training didn't SS MAT BEAT ON OTTICE BON	<u>-</u>
	, r
. If amending the registered agent and/or registered office address on our rec	onds ontor the name of the new registe
ent and/or the new registered agent and/or registered office address on our fec	ords, enter the name of the new registr
No. of the second secon	
Name of New Registered Agent:	
New Registered Office Address:	
	a street address
	, Florida
City	Zin 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:

or remov	ed from our records:		
MGR =	Manager		
AMBR =	Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			Change
			Remove
			□Add
			Remove
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ctive date, if other than the	date of filing:		(option	al)
effective date is listed, the date must e: If the date inserted in this blo	be specific and cannot be pr ck does not meet the app	ior to date of filing or licable statutory fili	more than 90 days after hing requirements, this c	ling.) Pursuant to 605.029 late will not be listed a
iment's effective date on the De	partment of State's recor	ds.		
ord specifies a delayed effective filed.	date, but not an effective	e time, at 12:01 a.m	, on the earlier of: (b)	The 90th day after th
MARCH 28	2024			
4/	Signature of a member or au		and the same of the same	

Filing Fee: \$25.00