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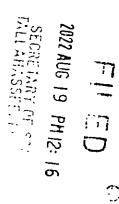
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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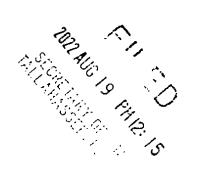


COVER LETTER

FO: Registration So Division of Cor			· •
SUBJECT: LA	Posada Hom	es, LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Christin	POSA da	
		adu Homes, L	
		onoma Way	
		City/State and Zip Code (ii) GMAII, COM to be used for future annual report notif	
	Posadaaj E-mail address	(i) 9 M Q 1 , C 0 M to be used for future annual report notif	Teation'
For further information c	concerning this matter, please ca	ill:	
Anthony	Posada	at (<u>321</u>) <u>423</u> Area Code Daytimo	-6763
Name (or rerson	Area Code Daytine	e retepnone Number
Enclosed is a check for (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)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 631 Tallahassee,		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



La Posada H	tomes, LLC		
(Name of the Limited	I Liability Company as it nov V Florida Limited Liability Cor	appears on our records.) upany)	
The Articles of Organization for this Limited Lia Florida document number <u>L 220000 25</u>	bility Company were filed		122 and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability comp	any here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Compan	y," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or regagent and/or the new registered office address	here:		
Name of New Registered Agent:	Christine	A. Posada	a 32955 Zip Code
New Registered Office Address:	2943 Sono	Mù Wùy nter Florida street address	
	hockledge	Florid	a 32955
	Q_{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.

In 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>	<u>Name</u>	Address	Type of Action
AMBB	Anthony J Posada	2943 Sonoma Way	□Add
	Remove	Rockledge, FL 32955	Remove
			□Change
MLA	Christine A. Posada	2943 Sonoma Way	□Add
	Was: AMBR Change to: MCR	Rockledge, FL 32955	- ' □Remove
	Lhange 10. 1001		X Thange
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			DChange
			□Add
			□Remove
			Change

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-	
an effecti ote: f 1	date, if other than the date of filing: (optional) we 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 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a seffective date on the Department of State's records.
record sp l is filed.	occifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	16 Aug 2022 - Chudhallande
	Signature of a member or authorized representative of a member
	Christine A. Posada Typed or printed name of signee