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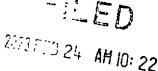
Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE <u>02/24/2023</u>	-		**WALK IN**
ENTITY NAME K. Hovr	nanian at Armen Grove, Ll	_C	
DOCUMENT NUMBER_			
	PLEASE FILE THE ATT	ACHED AND RETURN	/
	Plaix Copy		
XXXXXX	Certified Copy		
	Certificate of Status		
)	PLEASE OBTAIN THE FOLLOW	ING FOR THE ABOVE	ENTITY
	Certified Copy of Arts & Amen	dments	
	Certified Copy of Arts & Amen	dments Complete File (Inc	clading Annual Reports)
	Certificate of Status		
	Certificate of Status Reflecting:	·	
	APOSTILLE' / NOTAK	PIAL CERTIFICATION	W
COUNTRY OF DESTINATION			
NUMBER OF CERTIFICAT	ES REQUESTED		
TOTAL OWED \$ 55		ACCOUNT # 12014 United Corporate Services, Inc.	0000108 Keith Repart Thank you so much!
Please call Tina at the	e above number for any iss	ues or concerns,	Thank you so much!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



K. Hovnanian at Armen Grove, LLC (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 $\frac{04/07/22}{}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: K. Hovnanian at Armen Groves, LLC 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

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>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of filing on the late inserted in this block does not meet the applicable statutory to document's effective date on the Department of State's records.	(option or more than 90 days after filing requirements, this	onal) filing.) Pursua date will no	unt to 605 ot be list	5.0207 ted as t
e record specifies a delayed effective date, but not an effective time, at 12:01 a. ed is filed.	.m. on the earlier of: (b) The 90th	day afte	r the
Dated February 23 2023				
Clizabeth D. Tica Signature of a member or authorized representa				

Filing Fee: \$25.00