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Special Instructions to	Filing Officer:	
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C. BRUMBLEY
JUN 2 1 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SAC Hom.	e Designs LLC.
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Maria	Name of Person
	Firm/Company
285	Payne Drive
Miani	Spring 8 7/ 33166
Va 2 God E-mail addr	estato be used for future annual report notification)
For further information concerning this matter, plea	ase call:
Jose V. Vazquer	2 at (186) 295 - 48 8 4 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Scertificate of State	
Mailing Address:	Street Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jag Home	Resigns LA	<u> </u>		
(<u>Nameco^pthe Limited Linbil</u> (A Florid	lity Company aslit now appears on la Limited Liability Company)	our records.)		
		01/202:	and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and contain the words "Lir	ding name, enter the new name of the limited liability company here: emust be distinguishable and comain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" principal offices address, if applicable: office address MUST BE A STREET ADDRESS) mailing address, if applicable: diress MAY BE A POST OFFICE BOX) ding the registered agent and/or registered office address on our records, enter the name of the new registere or the new registered office address here:			
Enter new principal offices address, if applicable:				
<u>(Principal office address MUST BE A STREET ADD</u>	RESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2022 APR 25 F	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ds, <u>enter the na</u>	1. S.	v registere
Name of New Registered Agent:				<u> </u>
New Registered Office Address:	Enter Florida si	treet address		
		, Florida _		
	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.

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

Title	<u>Name</u>	Address	Type of Action
MGR	Maria + Vunez	285 Payne Pril Mion Spring 71 33166	tbAdd
		TI 33166	□Remove
			□Change
AMBR	Jose V. Varguez	285 Payre Aire Miani Spring 8 4 33166	UAdd
	<i>' 4 33)</i>	4 33166 	□Remove
			□Add
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Page 2 of 3

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If an effe Note:	te date, if other than the date of filing:
uocume	nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated_	4/18/2022
	Signature of a member or authorized representative of a member
	Maria Nunez Typed or printed name of signee

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