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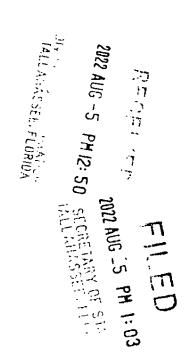
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT: McCo	ormick Custom.	Homes LLC	
•	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Richard	A. Mc Cormick, JK	₹ .
	7(1010)	Name of Person	<u> </u>
		: Custom Homes L	
		Firm/Company	
	222 JE 201	h Court	
		Address	
	Cape Coro	U Florida 3399 City/State and Zip Code	10
	Ø 0.	City/State and Zip Code	
	DYOKENKA E-mail address: (iven 652 @gmail. Co	ification)
For further information of	oncerning this matter, please ea		
	-	ин.	
Richard A	. McCormick, JR	at (<u>339</u>) <u>747</u> - Area Code Daytir	3496
Name of	Person	Atea Code Daytir	ne Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee	X\$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 Address Registration S		<u>Street Address:</u> Registration Se	ection
Division of Co		Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee, F	14 دید د ۱۲	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 AUG 15 PM 1: 03

Mc Cormick Custom Homes LLC Liability Company as it now appears on our records. S A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 5, 2022 and assigned Florida document number 122000161662 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:

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida ______ Zip Code If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Richard A. McCormick, JP.	Cape Coral, FL 33990	
AMBR			□Remove
			□Change
			□Add
			∐Remove
			∐Add
			∐Remove
			□Add
		Remove	
			CiChange
			UAdd
			ElRemove
			L'Change
			□Remove
			□ Change

Note: If	edate, if other than the date of filing:
ie record s ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the i.
	August 75, 2027
	August 75, 2027 Signature of a member of authorized representative of a member

Filing Fee: \$25.00