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## **COVER LETTER**

TO: Registration Se Division of Cor			•
	k Custom Homes, LLC		
SUBJECT:	Name of Lir	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	undence concerning this matter	to the following:	
	Richard A. McCormick, J.	₹.	`-; <u>~2</u>
		Name of Person	
	McCormick Custom Home	es. LLC	
		Firm-Company	200
	222 SE 20TH COURT		2022 JUL -7 PH I2: 19
		Address	3; :- 3; :-
	CAPE CORAL, FL 33990		, a
	BrokenRaven652@gmail.co	City/State and Zip Code	<del></del>
	E-mail address; (	to be used for future annual report notification)	
For further information e	oncerning this matter, please c	all:	
Richard A. McCormick,	JR.	239 747-3496	
Name o	f Person	Area Code Daytime Telephone Y	Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, entificate of Status & entified Copy ditional copy is enclosed)
Mailing Addres Registration 9		Street Address: Registration Section	
Division of C	•	Division of Corporations	
P.O. Box 632 Tallahassee, l		The Centre of Tallahassee 2415 N. Monroe Street, St	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

McCormick Custom Homes, LLC		
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records. lability Company)	<del> </del>
The Articles of Organization for this Limited Liability Company were filed on 04/05/2022  Clorida document number L22000161662		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		1822
		그 사는 기
		57
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		70 = (7)
Maning undress MAT BL A TOST OF TICL BOX		72
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:	0. (7.1)	
	Enter Florida street address	
		ida
	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 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
MGR	Richard A. McCormick, JR.	222 SE 20TH COURT	
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ffective date, if other than an effective date is listed, the date ote: If the date inserted in thi ocument's effective date on the	must be specific and cannot be a block does not meet the a	e prior to date of filing applicable statutory	g or more than 90 days a	<b>ptional)</b> after filing.) Pursua this date will no	nt to 605,0207 t be listed as
record specifies a delayed effe is filed.	rtive date, but not an effec	tive time, at 12:01	a.m. on the earlier of	: (b) The 90th (	day after the
ated	2022				
11 <b>.</b> U		·			

Filing Fee: \$25.00