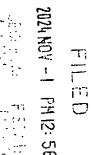
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNIE
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Office Use Only

COVER LETTER

TO: Registration Section

Division of Corporations

Tallahassee, FL 32314

Aveo Hom			
SUBJECT:	Name of Lim	ited 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:	
	Remon Faragalla		
		Name of Person	
	Aveo Homes LLC		
		Firn/Company	
	1135 E SR 46		
		Address	
	Geneva, FL 32732		
		City/State and Zip Code	· -
	AVEOHOMESLLC@GM/		
	E-mail address: (to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
Remon Faragalla		917 319-7512 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	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)
Mailing Address Registration		Street Address: Registration Se	
Division of C	-	Division of Co	•
P.O. Box 632		The Centre of T	i amanassec

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Avea Homes LLC

2024 NOV - 1 FM 12: 57

		- 111E- 01
(Name of the Limits	d Liability Company as it now appears on ou A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Lie Florida document number		
This amendment is submitted to amend the follo	owing:	
A. If amending name, <u>enter the new name of</u>	the limited liability company here:	
he new name must be distinguishable and contain the we	ords "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	
Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE I		
B. If amending the registered agent and/or registered office addres Name of New Registered Agent:	egistered office address on our records	
New Registered Office Address:	Enter Florida stre	et 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Hany Mosaad	1005 Fairlane rd. Woodbine, MD 21797	= Add
			🗆 Remove
			□Change
<u></u>			🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
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			□Change

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