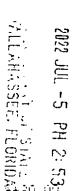
## L72000251899

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## COVER LETTER

TO:

Registration Section
Division of Corporations

Ford Elite Homes Consulting SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Shenille Ford Name of Person Ford Elite Homes Consulting Firm/Company 1589 Imperial Key Drive Address Trinity, FL 34655 City/State and Zip Code shenille@fordelitehomes.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shenille Ford 481-6856 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee **\$30.00** Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: **Mailing Address: Registration Section** Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ford Elite Homes Consulting		22 J
(Name of the Limited	Liability Company as it now appears on our records Florida Limited Liability Company)	J = = = = = = = = = = = = = = = = = = =
The Articles of Organization for this Limited Lial Florida document number L22000251899		andiassigned
This amendment is submitted to amend the follow	ving:	53 1114
A. If amending name, enter the new name of t	he limited liability company here:	
Ford Elite Homes Consulting LLC		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>ox</u> )	
B. If amending the registered agent and/or regagent and/or the new registered office address		the name of the new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
		orida
	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 th 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	Shenille Ford	1589 Imperial Key Drive, Trinity, FL 34655	\ \ Add
			□Remove
AMBR			
	James Ford JR.		□Add
		1589 Imperial Key Drive, Trinity, FL 34655	■Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
		<del></del>	□ Remove
			□Change
			□Add
			□Remove
		<u> </u>	□Change
			□Add
			□Remove
			□Change

If amendin	eg any other information, enter change(s) here: (Attach additional sheets, if nece	essary.)	
<del></del>			
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-			
<del></del>			
(If an effective Note: If the	ate, if other than the date of filing:	filing.) Pursuant to 605.0	207 (3 i as th
he record spe ord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b	) The 90th day after t	he
Dated June	30 2022	METTER!	2222
_	Signature of a member or authorized representative of a member	1 47	
	<b>,</b>	m- U	רו ס
5	Shenille Ford  Typed or printed name of signee		: ` د

Filing Fee: \$25.00