Division of Corporations 7/8/22, 9:15 AM Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations Fax Number : (850)617-6383 From: Account Name : LEGALZOOM.COM INC. Account Number : 120010000062 Phone : (323)962-8600 Fax Number : (323)962-3889 *Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JHLL DREAM HOMES LLC Certificate of Status 0 Certificate Of Status 0 Certificate Copy 1				
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Electronic Filing Menu

Corporate Filing Menu

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TO:

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Registration Section

COVER LETTÉR

Division of Corp	orations				
JILL DREAD SUBJECT:	M HOMES LLC	•			
	Name of Lin	nited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
	Cheyenne Moseley				
		Name of Person			
	Legalzoom.com, Inc.				
	Min. vid n n or a proportion of a deficiency of				
	Glendalc, CA 91203				
		City/State and Zip Code		D2	
	jill_ramos@jndfamily.net		^-	2882	
For firsther information		to be used for future annual report notification	n)		
	cerning this matter, please ea		·. ?	2 − 0 −	
Cheyenne Moseley		800 773-0888 BE ()			[Y
Name of P	erson	Area Code Daytime Tele	thone Number	‡် 	
Enclosed is a check for the	following amount:				
S25.00 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 enclo		

MAHLING ADDRESS: Registration Section Division of Corporations P.(). Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JILL DREAM HOMES LLC				
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) hability Company)			
The Articles of Organization for this Limited Liability Company florida document number <u>L22000254026</u>	were filed on 06/02/2022	and assigned		
his amendment is submitted to amend the following:	·			
A. If amending name, enter the new name of the limited liab	ility company here:			
IIII Ramos LLC		No. 1 (A)		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	8831 Southern Orchard Rd S			
Principal office address MUST BE A STREET ADDRESS)	Davie, FL 33328	25		
Enter new mailing address, if applicable:	8831 Southern Orchard Rd S	JUL - 8		
Muiling address MAY BE A POST OFFICE BOX)	Davie, FL 33328			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	ffice address on our records, en	::: -		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	Enter Florida strov addrass			
	, Florida	a		
	City	Zip Cade		

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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			D Add
			☐ Remove
			Change
			□ Add
			□ Remove
	•		☐ Change
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To:

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Typed or printed name of signee

Jill Ramos

Filing Fee: \$25.00