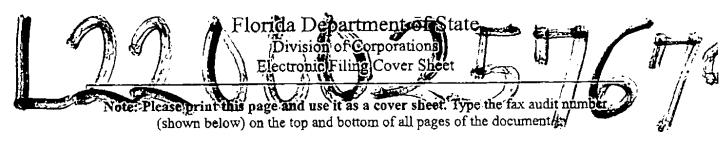
Division of Corporations

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To:

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Fax Number

: (850)617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number : 120000000083 : (305)932-6262 Phone : (305)933-9393 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: 1950 Seaberlandicm. Lon

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CPA HOME, LLC

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JUN 16 2022

M. SULUMON

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P.002/004

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CPA HOME, LLC		
(Name of the Limited Lizbility Co (A Florida Lim	ompany as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number L22000257679	pany were filed on <u>06/09/2022</u>	and assigned
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 end with the words "Limited	d Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2022
(Principal office address MUST BE A STREET ADDRES	<u></u>	## F
		-3-3-4
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		57
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, <u>en</u> <u>s here</u> :	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
		 -	
			Add
			□ Remove
			□ Remove*
			Add ```(_,
			Remove **
			□ Add
			Remove
			🔲 Remove

Manager's Last Name is misspelled. Please t	•
Jorge Daniel Carpinteri	
The effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be mother date this document is filed by the Florida Department of State)	(optional) re than 90 days efter
Dated June 10 , 2022	
Signature of a member or suprovized representative of a	тетьет
Grant Kaplan Typed or printed name of signee	

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2022 JUN 15 AH 9: 5