

L22000265056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

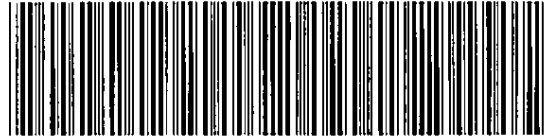
(Business Entity Name)

(Document Number)

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2023 DEC -1 PM 4:13

11.1.2023

WCA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TREE HOUSE CITIES LLC

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:

Anfernee Purkiss

Name of Person

Firm/Company

1022 Brockway Avenue

Address

Orlando, Florida 32807

City/State and Zip Code

anferneepurkiss@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anfernee Purkiss

386 314-9374
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

TREE HOUSE CITIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/09/2022 and assigned
Florida document number L22000265056.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 1022 Brockway Avenue, Orlando FL 32807
(Principal office address MUST BE A STREET ADDRESS)

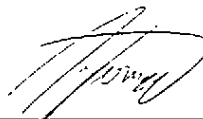
Enter new mailing address, if applicable: 1022 Brockway Avenue, Orlando FL 32807
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

<u>Name of New Registered Agent:</u>	<u>Anfernee Purkiss</u>	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">2023 DEC - 1 PM 4:13</div>
<u>New Registered Office Address:</u>	<u>1022 Brockway Avenue</u>	
	<small>Enter Florida street address</small>	
	<u>Orlando</u>	
	<small>City</small>	
	<u>Florida</u>	
	<small>State</small>	
	<u>32807</u>	
	<small>Zip Code</small>	

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Anfernee Purkiss	1022 Brockway Avenue, Orlando FL 32807	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MG	PIERCE NORTH LLC	2526 HIBISCUS DRIVE SUITE 10348 EDGEWATER	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROILAND, KERRYANNE	2526 HIBISCUS DRIVE SUITE 10348 DELTONA,	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December 1st 2023

Typed or printed name of signee

Filing Fee: \$25.00