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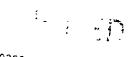
TO:					
embre		ies LLC			
SUBJE	CI:	Name of Lim	ited Liability Company		
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please i	return all correspo	ndence concerning this matter	to the following:		
		Stephanie Goebel			
		Relife Homes LLC: Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filing. rn all correspondence concerning this matter to the following: Stephanic Goebel Name of Person ZenBusiness Inc. Firm/Company 5511 Parkerest Drive, Ste. 103 Address Austin, TX 78731 City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: Goebel c/o ZenBusiness Inc. Name of Person Daytime Telephone Number			
	Name of Limited Liability Company selosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Stephanic Goebel Name of Person ZenBusiness Inc. Firm/Company 5511 Parkerest Drive, Ste. 103 Address Austin, TX 78731 City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: anic Goebel c/o ZenBusiness Inc. Name of Person Area Code Daytime Telephone Number seed is a check for the following amount: 5.00 Filing Fee Certificate of Status Certificat Copy Certificate of Status &				
		Stephanic Goebel Name of Person ZenBusiness Inc. Firm/Company 5511 Parkerest Drive, Ste. 103 Address Austin, TX 78731 City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification) ion concerning this matter, please call:			
		5511 Parkerest Drive, Ste.	103		
	Address				
		Austin, TX 78731			
		<u></u>	City/State and Zip Code	· · ·	
		fulfillment@zenbusiness.co	om		
		E-mail address: (to be used for future annual report notif	ication)	
For furt	her information co	oncerning this matter, please ea	all:		
Stepha	nie Goebel c/o Ze	nBusiness Inc.	844 493-6249 at ()		
	Name of	f Person	Area Code Daytime	: Telephone Number	
Enclose	ed is a check for th	ne following amount:			
■ \$ 25	.00 Filing Fee				

MAILING ADDRESS:

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

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

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



2022 HOY -3 AH 6: 05 Relife Homes LLC

(*****	ability Company as it now appears on our re- orida Limited Liability Company)	Cords.
The Articles of Organization for this Limited Liability Florida document number L22000289661	ty Company were filed on 2022-06-27	and assigned
This amendment is submitted to amend the following	j.	
A. If amending name, <u>enter the new name of the b</u>	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:		
Principal office address MUST BE A STREET AD	ODRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
3. If amending the registered agent and/or re registered agent and/or the new registered office a		ords, <u>enter the name of th</u>
egistered agent and/or the new registered office a	address here:	
registered agent and/or the new registered office a	Enter Florida street aa	

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>	Type of Action
AMBR	Nicholas Guido		Add
		1205 Elizabeth St., H Punta Gorda, FL 33950	■ Remove
AMBR	Barry Byrd	1205 Elizabeth St. Punta Gorda, FL 33950	■ Add
			☐ Remove
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			□ Change
			Add
			Remove
			□ Change

				
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Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this bidocument's effective date on the D	lock does not meet the appli	icable statutory filing r	(optional) : than 90 days after filing.) Purequirements, this date will	rsuant to 605.0207 (not be listed as t
ne record specifies a delayed The 90th day after the rec		ot an effective tin	ne, at 12:01 a.m. on	the earlier of:
Dated October 28	2022	<u></u> .		
/s/ Danny Gorlesky				
75 Balling Golflooring				
	Signature of a member or aut	horized representative of	'a member	

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