122000309662

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Nic		

Office Use Only



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COVER LETTER

	gistration,Sect vision of Corpo			•
		TION HOMES LLC		
SUBJECT:		Name of Limit	ed Liability Company	
The enclose	d Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please retur	n all correspon	dence concerning this matter t	o the following:	
		Katty Morales		
			Name of Person	
			Firm/Company	
		2925 NW 126TH AVE AP	Г 1-324	<u>.</u>
			Address	
		Sunrise, Florida 33323		
			City/State and Zip Code	
		kattymorales1@gmail.com	10.0	and the state of t
			o be used for future annual report n	otineation)
For further	information co	ncerning this matter, please ca	M:	
Katty Mora			786 775-8424 at ()	
	Name of	Person	Area Code Dayt	ime Telephone Number
Enclosed is	a check for the	e 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ty Company as it now appears on our record Limited Liability Company)	<u>(s.</u>)
Company were filed on 07/11/2022	and assigned
 ·	•
ited liability company here:	
ited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
RESS)	
-	
d office address on our records, enter	the name of the new regist
Enter Florida street addre	NS
en.	louida
	lorida Zip Code
Cuy.	inp cour
	ited liability company here: ited Liability Company," the designation "LLC RESS) d office address on our records, enter

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 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
			🗆 Add
			Remove
			□Change
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an effec iote: l	date, if other than the date of filing:	5.020 ted a
ocume	s effective date on the Department of State's records.	
record is file	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
ated E	gust 22 2022	
aicu _		
	Signature of a member or apply fized representative of a member	
	\ 1.1/3//	

Filing Fee: \$25.00