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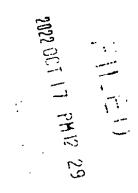
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A. RAMSEY JAN - 9 2023

Registration Section **Division of Corporations NEAT FREAK 904, LLC** CT: Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: ALEXANDRIA V KAULER Name of Person NEAT FREAK 904, LLC Firm/Company 271 CERVANTES AVE Address SAINT AUGUSTINE, IL 32084 City/State and Zip Code kallerhomes@gmail.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: ANDRIA V KALLER 904 687-4707 Name of Person Daytime Telephone Number ed is a check for the following amount: 5.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION OF

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NEAT FREAK 904, LLC			2022 OCT	7 PH12 29
(Name of the Limited	Liability Company	y a <mark>s it now appears on our</mark> ability Company)	records.)	
(/	Florida Limited Liz	ability Company)		, :
articles of Organization for this Limited Lia a document number L22000316843	bility Company w	vere filed on 07/18/2023	2	and assigned
mendment is submitted to amend the follow	ing:			
amending name, enter the new name of t	he limited liabili	ty company here:		
ER HOMES LLC				
w name must be distinguishable and contain the wor	ds "Limited Liability	y Company," the designation	on "LLC" or the al	obreviation "L.L.C."
new principal offices address, if applical	 ple:			<u> </u>
cipal office address MUST BE A STREET	ADDRESS)			
new mailing address, if applicable:				
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ing address MAY BE A POST OFFICE B	<i>DX</i>)			
amending the registered agent and/or reand/or the new registered office address	Y	ldress on our records.	, <u>enter the nan</u>	ne of the new register
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida stree	n address	
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Registered Agent's Signature, if changing Re	gistered Agent:			
by accept the appointment as registered sions of all statutes relative to the prope it the obligations of my position as regist filed to merely reflect a change in the re any has been notified in writing of this c	r and complete p ered agent as pr gistered office a	erformance of my du ovided for in Chapte	ties, and I am r 605, F.S. Or,	familiar with and if this document is
	If Chang	ing Registered Agent, <u>Sig</u>	nature of New Re	gistered Agent

Aanager Authorized Member		
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e date, if other than the date of f	filing: (optional) ic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
the date inserted in this block does	not meet the applicable statutory filing requirements, this date will not be listed a
t's effective date on the Department	of State's records.
enecifies a delayed effective date, bu	it not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
i.	t not an effective time, at 12.01 a.m. on the earner of. (b) The 30th day after the
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Levano	bia / Kaller
- / Signature	of a member or authorized representative of a member