Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : US TAX CONSULTING INC

Account Number : I20160000060 Phone : (407)674-8969

Fax Number : (407)674-8970

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

Email	Address:	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BACK2HOME, LLC

Certificate of Status	1	]
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Page Count	03	
Estimated Charge	\$30.00	ן עטאן

C. BRUMBLEY NUV 1 0 2022

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BACK2HO	ME, LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000345438  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab		PALIDAY - 9 PHI2: 25
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1720 Caribou Hunt Trail	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32824	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
<del></del>	City , F101.	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.

No. 6383 P. 3

Nov. 9. 2022 7:01AM

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>	Name	Address	Type of Action
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			□Remove
			Change
			□Add
			□Remove
			□ Change
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			□Remove
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fective date, if on the effective date is lister. If the date instrument's effective	sted, the date mu serted in this b	ist be specific and clock does not n	cannot be prior neet the applic	able statutory fil	more than 90 day	(optional) s after filing.) Purs s, this date will t	uent to 605.020 not be listed a
ecord specifies a c is filed.	ielayed effecti	ve date, but not	an effective t	ime, at 12:01 a.m	on the earlier	of; (b) The 90t	h day after th
ted	N.	ovember 8th	2022 (Lalo	 s dn 8 1	Isaa		
	<i>-</i>	Signature of a	member or auth	orized representati	ve of a member	<u> </u>	<del></del>
	//						