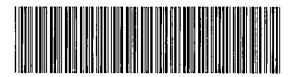
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| (Requestor's Name)                      |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

TO:

Registration Section

| Div                 | ision of Cor  | porations                                    |  |   |
|---------------------|---|--|--|---|
| 011 <b>0</b> 110.00 |   | ILL PARK HOMES LLC                           |  |   |
| SUBJECT:            |   | Name of Lim                                  | ited Liability Company   |   |
| Thu analogae        | Name of Limited Liability Company  and Articles of Amendment and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:  EDNA SAKAY  Name of Person  E-TAX PROFESSIONAL SERVICE  Firm/Company  14221 SW 120 ST #126  Address  MIAMI, FLORIDA 33186  City/State and Zip Code |  |  |   |
|                     |   |  |  |   |
| Please return       | all correspo  | ndence concerning this matter                | to the following:  |   |
|                     |   | EDNA SAKAY                                   |  |   |
|                     |   |  | Name of Person   | <del></del>   |
|                     |   | E-TAX PROFESSIONAL                           | SERVICE  |   |
|                     |   | <u> </u>                                     | Firm/Company   |   |
|                     |   | 14221 SW 120 ST #126                         |  |   |
|                     |   |  | Address  |   |
|                     |   | MIAMI, FLORIDA 33186                         | 5  |   |
|                     |   |  | City/State and Zip Code  | <del>_</del>  |
|                     |   | soniaesilva@hotmail.com                      | to be used for future annual report not                          | (Faction)   |
| For further ir      | nformation c  | oncerning this matter, please e              | ·  | meanony   |
| EDBA SAK            |   |  | 305 519-6538   |   |
|                     |   | C 73   | at ( )   | ne Telephone Number   |
|                     | Name o  | rerson                                       | Area Code Dayin  | ne reiephone Number   |
| Enclosed is a       | check for th  | ne following amount:                         |  | •   |
| <b>■ \$25.00</b> F  | iling Fee   | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Reg                 | ling Addres   | Section                                      | Street Address:<br>Registration Se                               |   |
|                     | rision of C<br>). Box 632   | orporations<br>7                             | Division of Co<br>The Centre of                                  |   |
|                     | lahassee, I   |  |  | pe Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SPRING HILL PARK HOMES L  |   |   |
|---|---|---|
| (Name of the Lim  | ited Liability Company as it now appears on (A Florida Limited Liability Company) | our records.)                               |
| The Articles of Organization for this Limited 1   | iability Company were filed on 08/15  | /2022 and assigned                          |
| Florida document number L22000359232  | ·   |   |
| This amendment is submitted to amend the fol  | lowing:   |   |
| A. If amending name, enter the new name   | of the limited liability company here:  |   |
| N/A   |   |   |
| he new name must be distinguishable and contain the   | words "Limited Liability Company," the design                                     | nation "LLC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if appli   | cable:  | ******                                      |
| Principal office address MUST BE A STRE   |   | 22  |
| Trincipul Office unuress MOST DE ASTRE.   | LI ADDRESS)   | E STATE                                     |
|   |   | <u> </u>                                    |
|   |   | SSE 30                                      |
| Enter new mailing address, if applicable:   |   | me T  |
| Mailing address MAY BE A POST OFFICE  | BOX)  |   |
|   |   | RE 2  |
| ,   |   | <del></del>                                 |
| <ol> <li>If amending the registered agent and/or<br/>gent and/or the new registered office addre</li> </ol> |   | rds, <u>enter the name of the new regis</u> |
| Name of New Registered Agent:   | IVA   |   |
| New Registered Office Address:  |   |   |
|   | Enter Florida s   | street address                              |
|   |   | , Florida                                   |
|   | City  | 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.

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

| Title       | Name                     | Address                              | Type of Action |
|-------------|--------------------------|--------------------------------------|----------------|
| MGR         | CARLOS HERMAN SILVA RIVE | 1608 NESTLEWOOD TRL ORLANDO FL 32837 | □Add           |
|             |                          |                                      | Remove         |
|             |                          |                                      | Change         |
| MGR         | SILVA GŁOBAL LLC         | 15031 SW 23 LANE MIAMI, FL 33185     | \exists Add    |
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| fective date, if other than the dat<br>an effective date is listed, the date must be so<br>ote: If the date inserted in this block of<br>bournent's effective date on the Depart | does not meet the applicat            | ole statutory filing rec              | quirements, this date v | Pursuant to 605.0201<br>will not be listed as |
| ecord specifies a delayed effective dat<br>is filed.   | te, but not an effective tim          | ne, at 12:01 a.m. on th               | ne earlier of: (b) The  | 90th day after the                            |
| APRIL 01   | , 2024                                | •<br>-                                |                         |   |
|  |                                       |                                       | M                       |   |
| Sign   | ature of a member or author           | zed restraintative our                | member                  | <del></del> -                                 |