## L22000360190

(Re	questor's Name)	
(Add	dress)	-
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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SECRETARY OF STATE
TALLAHASSEE, FL

2022 SEP -6 AM 9: 44

## **COVER LETTER**

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American Pride Hom	ies, LLC
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>12200360190</u> .	were filed on $08/16/2022$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited light  \[ \sum_{A} \)  The new name must be distinguishable and contain the words "Limited Liab"	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	N/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A N/A N/A
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Last: K	han / First: Muhammad / MI: S
New Registered Office Address: 2263	Whitman Lane Enter Florida street address
Fort W	h Hon Beach Florida 32547  Zip Code
Name Designation of Assemble Signature of Shanning Designation Amend	

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Raheela Jamil	100 South Hall Street	🗹 🗹 Ādd
		High Point, NC 27263	Remove
			□Change
MGR	Muhammad Jamil Khan	100 South Hall Street	☑Add
		High Point, NC 27263	□ Remove
			□Change
<del></del>			□Add
			SECRETARY OF ST.
			SSEE, FL STATE CONORCE
			□Change
			□ Add
			□ Петюче
			□Remove
			□Change

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ffecti	ve date, if other than the date of filing: (optional)
an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
locumo	nt's effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is file	<b>3</b> 1.
Dated	August 30 , 2022
, awa	
	Danadha
	Signature of a member or authorized representative of a member