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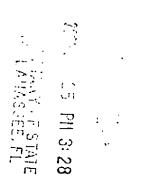
(Requestor's Name)
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COVER LETTER

TO:

Registration Section

Tallahassee. FL 32314

Div	ision of Cor	porations			
SUBJECT:		INTAINED HOMES, LLC			
SOBJECT.		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ndence concerning this matter			
	·	C	g.		
		Carlos Fuentes			
			Name of Person		
		Fuentes Real Estate, LLC			
			Firm/Company		
		1760 Nw 102nd Blvd			
			Address		2.1
		Wildwood, FL 34785			
			City/State and Zip Code		- •
		carlosinvest503@gmail.com	·	ind は一	ا با
			to be used for future annual report notification)	7. P	
For further in	formation co	oncerning this matter, please ca	all:	S 150	FH 3: 2:
Carlos Fuente	es		352 512-8511	, 면	ထိ
	Name of	Person	at ()	ne Number	
Cooloood is a	ulande for als	e following amount:			
		-			
ॼ \$25.00 Fi	iling Fee	☐ S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ ! Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Co (additional cop	of Status & Ppy
	ing Address		Street Address:		
_	istration S	ection Orporations	Registration Section	10	
	. Box 6321		Division of Corporation The Centre of Tallahass		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WELL MAINTAINED HOMES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/04/2022 Florida document number 1.22000428538 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Well Maintained Home Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_. Florida ___

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 Membe	r

<u>Title</u>	<u>Name</u>	Address		Typ	oe of Action
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					IRemove
					Change
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ctive date, if other than th	e date of filing:			(ор	tional)	
effective date is listed, the date me: 1f the date inserted in this	ust be specific and cannot	ot be prior to da	te of filing or mo	e than 90 days afi	er filing.) Pu	rsuant to 605.029 Lnot be listed :
iment's effective date on the			a.o.jg	requirements.	ne duce viii	
ord specifies a delayed effect filed.	ive date, but not an ef	fective time,	at 12:01 a.m. o	the earlier of:	(b) The 90	Oth day after th
July 16	20.	24				
	1/					
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Typed or printed name of signee