

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: L and R Housing LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anna Khrustalera Ross

Name of Person

Firm/Company

605 12th Ave N.

Address

St. Petersburg FL 33701

City/State and Zip Code

ar.homes2020@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna Khrustalera Ross

Name of Person

at (818) 486-1463

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

SECRETARY OF STATE
TALLAHASSEE, FL

2023 NOV -3 AM 10:55

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

L and R Housing 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 01/01/2023 and assigned
Florida document number L22000530553

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4633 Cavendish Dr.

New Port Richey FL

34655

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 7685

St. Petersburg

FL 33734

FILED
2023 NOV -3 AM 10:55
CLERK OF STATE
TALLAHASSEE, FL

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:

Nate Schaefer

New Registered Office Address:

9595 Cavendish Dr.

Enter Florida street address

Tampa

, Florida

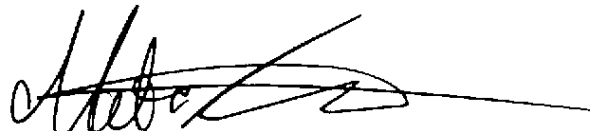
33626

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Anna Khustakova	605 12 th Ave N.	<input type="checkbox"/> Add
		St Petersburg FL	<input checked="" type="checkbox"/> Remove
		33701	<input type="checkbox"/> Change
MGR	Ryan Ross	605 12 th Ave N.	<input type="checkbox"/> Add
		st. Petersburg FL	<input checked="" type="checkbox"/> Remove
		33701	<input type="checkbox"/> Change
AMBR	Sawgrass Trust	PO Box 7685	<input checked="" type="checkbox"/> Add
		st. Petersburg FL	<input type="checkbox"/> Remove
		33734	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2023 NOV 3 AM 10:55
SECRETARY OF STATE
TALLAHASSEE FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Add EIN: 92-1472238

2023 NOV - 3 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

E. Effective date, if other than the date of filing: 10-28-2023 (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 10-30-2023

Signature of a member or authorized representative of a member

Anna Kristalera Ross

Typed or printed name of signee