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COVER LETTER

TO:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

ITAUNA I SUBJECT:	HOLMES, LLC		
30b/EC1.	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	HAYDEE CEBALLOS, C	PA .	
		Name of Person	
	CEBALLOS CEBALLOS	BESTULICH & PADRON, CPA	'S
		Firm/Company	·······
	890 SOUTH DIXIE HIGH	IWAY	
	***	Address	
	CORAL GABLES, FL 33	146	
	***	City/State and Zip Code	
	HCEBALLOS@CCBP-CP		
	E-mail address: (to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
HAYDEE CEBALLOS.	СРА	305 381-0825	
Name e	f Person	at ()	ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S		Registration Se Division of Cor	
Division of Corporations P.O. Box 6327		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ITAUNA HOLMES, LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	pility Company were filed on JANUARY 24, 20213	and assigned
Florida document number L23000045623		
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	
ITAUNA HOMES, LLC		
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicah	de:	
(Principal office address MUST BE A STREET	ADDRESS)	<u>υ</u> 20
		73 F
	-	
Enter new mailing address, if applicable:		器 4 厂
(Mailing address MAY BE A POST OFFICE BO	DX)	SSET PR
		E. S. 2:
		7 5
B. If amending the registered agent and/or reg	istered office address on our records, enter the nan	111 -
agent and/or the new registered office address I	here:	To be the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Dog	detarad Agants	

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
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <u>Note:</u>	ive date, if other than the date of filing: (optional) (optional) (ective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the recor	d 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 ed.
Dated	FEBRUARY 2 2023
	Signature of a member or authorized representative of a member C.
	ANTERO SARAIVA JR
	Typed or printed name of signee

Filing Fee: \$25.00