(Requestor's Name)			
(Address)			
(Address)			
• •			
(City/State/Zip/Phone #)			
(City/State/Zip/⊭none #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Cettined copies			
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Special Instructions to Filing Officer:			
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	00/29/2024	
Name:	Patrice Rush	_
Reference #	2476684	_
Entity Name	PULTE PF	OPERTIES LLC
	es of Incorporation/Authorization	to Transact Business
[√] Amen	dment	
☐ Chan	ge of Agent	
Reins	tatement	
Conve	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
☐ Fictition	ous Name	
☐ Other		<u> </u>
Authorized A	mount: \$125.00	
Signature:	(tall	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	08/29/2024	
Name:	Patrice Rush	
Reference #	2476684	
Entity Name	PULTE P	ROPERTIES LLC
☐ Article	les of Incorporation/Authorization	n to Transact Business
✓ Amer	ndment	
☐ Chan	nge of Agent	
Reins	statement	
☐ Conv	version	
☐ Merg	er	
☐ Disso	olution/Withdrawal	
☐ Fictiti	ious Name	
Other	г	
Authorized A	Amount: \$125.00	<u> </u>
Signature:	(Put M	

COVER LETTER

Division of Co	rporations			
CHD RECT.	SE FLORIDA	A TOWNHOME LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
		Kathy Mackay		
		Name of Person		
	(Ginsberg Jacobs LLC		
		Firm/Company		
	300 S. Wacker,Ste 2750			
		Address		
	Chicago, IL 60606			
	City/State and Zip Code			
		ay@ginsbergjacobs.con		
		to be used for future annual report i	notification)	
For further information (concerning this matter, please co	all:		
	athy Mackay	at (<u>815</u>) Area Code Day	483-9851	
, mine	7.1.61.471	, treat course to any	time receptione rounder	
Enclosed is a check for t	he 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:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SE FLORIDA TOWNHOME 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/	31/2023	and assigned
Florida document number L23000047359			-
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability comp	any here:		
PULTE PROPERTIES L	LC		
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation	"LLC" or the abbrev	viation "L.L.C."
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 here:	ess on our re	cords, <u>enter the</u>	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:			<u> </u>
\mathcal{E}	iter Florida street o	address	
	.	Florida	Zip Çode
·			zip со ме
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree to act in provisions of all statutes relative to the proper and complete performation accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address, a company has been notified in writing of this change.	nce of my dutie or in Chapter (es, and Lam fam 605, F.S. Or, if t	iliar with and his document is
If Chambing Donite	ered Agent Sinn	uture of New Regist	ared 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	Pulte Capital Partners LLC	230 S. DIXIE HWY	
		BOCA RATON, FL 33432	⊒ Remove
			Change
MGR	Pulte Capital Rentals LLC	230 S. DIXIE HWY	
		BOCA RATON, FL 33432	⊐ Remove
			Remove
			Change
			
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change

		-	
	<u> </u>		
			
(If an effective d <u>Note:</u> If the	te, if other than the date of fi date is listed, the date must be specific date inserted in this block does n effective date on the Department	and cannot be prior to date o of meet the applicable sta	(optional) of filing or more than 90 days after tiling.) Pursuant to 605.0207 (3 tutory filing requirements, this date will not be listed as the
If the record s (b) The 90th	specifies a delayed effective day after the record is file	e date, but not an e ed.	ffective time, at 12:01 a.m. on the earlier of:
Dated	AUGUST 29		
_		/s/ William P	
	Signature o	f a member or authorized re	presentative of a member
		William Pul	te