

**L2300050490**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.  
Account Number : I20230000190  
Phone : (844)449-3624  
Fax Number : (844)449-3624

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**ALWAYS AFFORDABLE LAND LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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T. LEMIEUX

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALWAYS AFFORDABLE LAND 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 01/27/2023 and assigned  
Florida document number 1.23000050490.

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)

9311 SE Maricamp Rd

Unit #424

Ocala, FL 34472

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9311 SE Maricamp Rd

Unit #424

Ocala, FL 34472

**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:

ZenBusiness Inc.

New Registered Office Address:

336 E. College Ave., Suite 301

*Enter Florida street address*

336 E. College Ave. Suite 301 Tallahassee, FL 32301

*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.*

/s/ Khadijeh Hemmati

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>                      |
|--------------|-----------------------------|---------------------|--|
| AMBR         | Hopkins, Michael            | 7529 NE 58TH AVE    | <input type="checkbox"/> Add               |
|              |                             | ANTHONY, FL 32617   | <input checked="" type="checkbox"/> Remove |
|              |                             |                     | <input type="checkbox"/> Change            |
| AMBR         | Hopkins, Ariel              | 7529 NE 58TH AVE    | <input type="checkbox"/> Add               |
|              |                             | ANTHONY, FL 32617   | <input checked="" type="checkbox"/> Remove |
|              |                             |                     | <input type="checkbox"/> Change            |
| AMBR         | United Premier Holdings LLC | 9311 SE Maricamp Rd | <input checked="" type="checkbox"/> Add    |
|              |                             | Unit #424           | <input type="checkbox"/> Remove            |
|              |                             | Ocala, FL 34472     | <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            |
|              |                             |                     | <input type="checkbox"/> Add               |
|              |                             |                     | <input type="checkbox"/> Remove            |
|              |                             |                     | <input type="checkbox"/> Change            |

[illegible]

**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.

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