## Lz3 000053939

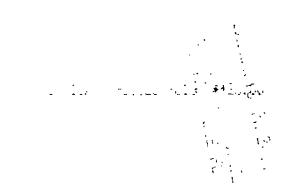
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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TO:	Registration Section
	Division of Corporations

1ST HOME	LLC		
SUBJECT:	Name of Limit	ed Liability Company	-
The enclosed Articles of a	Amendment and fee(s) are subm	nitted for filing.	
	ndence concerning this matter t		
	BETSY CABRERA		
		Name of Person	
	IST HOME LLC		
		Firm/Company	
	3301 2ND ST SW		
		Address	
	LEHIGH ACRES FL 3397	6	• •
		City/State and Zip Code	
	BETSYCABRERA83@YA		
	E-mail address: (	o be used for future annual report notifica	ation)
For further information of	concerning this matter, please ca	nll:	
BETSY CABRERA		786 8796869	
Name (	of Person	at () Area Code Daytime T	elephone Number
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
<u>Mailing Addre</u> Registration		Street Address: Registration Sect	
	<b>(1</b>	Division of Corn	orations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IST HOME LLC			
(Name of the Limit	ed Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Li Florida document number <u>L23000053939</u>	ability Company were filed on 02	/01/2023	and assigned
his amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the v	ords "Limited Liability Company," the o	lesignation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applic			<del></del>
Principal office address MUST BE A STREE			
			ζ,
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		7
B. If amending the registered agent and/or	registered office address on our	records, enter the r	name of the new regist
agent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	BETSY CABRERA		
New Registered Office Address:	3301 2ND ST SW		
THE TRANSPORT OF THE PARTY OF THE PARTY.	Enter Fl	orida street address	
	LEHIGH ACRES	, Florida	33976
	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>	Type of Action
		<u> </u>	
			Remove
			Change
			□Add
			□Renюve
			Add
			c⊡Remove
			☐Change
			Goldings
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			Remove
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ective date, if other than the date of filing:  a effective date is listed, the date must be specific and cannot be prior  te: If the date inserted in this block does not meet the applic  cument's effective date on the Department of State's records	cable statutory fitting requirements, this date
ecord specifies a delayed effective date, but not an effective to s filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ted	
42	
Signature of a member or aut	horized representative of a member