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Registration Section

Division of Cor	porations			
Rearden Ho	omes LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The england to distance	Amandarant and Gazal are sub-	mitted for filing		
The enclosed Articles of	Amendment and fee(s) are sub	mined for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Daniel Lesniak			
		Name of Person		
	Rearden Homes LLC			
	<u> </u>	Firm/Company		
	1600 Wilson Blvd, Ste 101			
		Address		
	Arlington, VA 22209			
		City/State and Zip Code		
	DANL6767@GMAIL.CON			S ES
For further information co	E-mail address: (oncerning this matter, please ca	to be used for future annual report no all:	tification)	SCUILLAR TALLAR
Krista Lanzer		804 240-7582		· •
Name of	Person	Area Code Dayti	me Telephone Number	5. 9: 15 10:EE, FL
Enclosed is a check for th	e following amount:			产品
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
Mailing Address		Street Address:		
Registration S		Registration S		
Division of Co P.O. Box 632		Division of Co The Centre of		
Tallahassee F			ne Street Suite 81	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number 1.23000091899	were filed on 02/28/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
DANIEL LESNIAK LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A- Same as prior	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		(1, 100)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A- same as prior	THE STATE OF THE S
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	rri
Name of New Registered Agent:		
New Registered Office Address:	Enier Florida street addre	55
	, FI	lorida
	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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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Effective date, if other than the an effective date is listed, the date municipal in this blocument's effective date on the E	st be specific and cannot be plock does not meet the ap	plicable statutory fil	more than 90 days after ting requirements, this	iling.) Pursuant to 605.0207
record specifies a delayed effection is filed.	e date, but not an effectiv	ve time, at 12:01 a.m	1. on the earlier of: (b)	The 90th day after the
March 31st	2023			
		·		
	June			

Filing Fee: \$25.00