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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Cor	porations		
Almost Ho	me LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
		-	
Please return all correspo	ondence concerning this matter	to the following:	
	William Pappas		
		Name of Person	
		Firm/Company	
	3508 SANDPIPER CIRCI	Æ	
	 	Address	
	Port Saint Lucie, FL 34952	2	
		City/State and Zip Code	 .
	wpappas392@gmail.com		
	E-mail address: (to be used for future annual report notifi-	cation)
For further information of	concerning this matter, please c	all:	
William Pappas		586 995-2236	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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)
			2023
Mailing Addres		Street Address:	tion $\frac{1}{2}$
Registration S Division of C		Registration Sectorial Division of Corp	
CIAISION OF C	zoi porations	Pivision of Corp	(110)1101

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 - . . . Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liabil) (A Florid	ry Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L23000163060		gned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ted liability company here:	
The new name must be distinguishable and contain the words "Lin	ited 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 ADD)	(ESS) 3508 SANDPIPER CIRCLE	
	Port Saint Lucie, FL 34952	
Enter new mailing address, if applicable:	3508 SANDPIPER CIRCLE	
(Mailing address MAY BE A POST OFFICE BOX)	Port Saint Lucie, FL 34952	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	office address on our records, enter the name of the new	registe
Name of New Registered Agent: Willia	m Pappas	
New Registered Office Address: 3508	andpiper Circle	<u>.</u>
-	Enter Florida street address	
Port S	aint Lucie , Florida 34952	
	City Zip Gode	
New Registered Agent's Signature, if changing Registere	d 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
MGR	Eugene Genise	6136 SW Key Deer Lane	□Add
		Palm City, FL 34990	■Remove
			□Change
MGR	LilliMarie Genise	6136 SW Key Deer Lane	□Add
		Palm City, FL 34990	■ Rem ove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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	a data of filings	(options	n
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te: If the date inserted in this b	lock does not meet the applicable statutory fi	iling requirements, this da	te will not be listed a
	Department of State's records.		
			.\)
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