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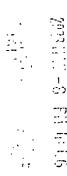
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:

**Registration Section** 

Division of Co	rporations		
	HOMES, LLC.		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	PAUL LEVINE		
		Name of Person	
	AVELAR HOMES, LLC.		
		Firm/Company	
	1441 SW 29TH AVENUE		. 2
		Address	20214777-8
	POMPANO BEACH, FL	33069	- ; 1
	PATRI PUNICOLINE CO	City/State and Zip Code	•
	PAULLEVINE@LIVE.CO E-mail address: (	to be used for future annual report notification)	न्यः 
For further information	concerning this matter, please c	all:	
PAUL LEVINE		954 516-0000 at ()	
Name	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Certified Copy (additional copy is enclosed) Certificate of Certified Copy (additional copy	f Status & py
Mailing Address Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: 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

AVELAR HOMES LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our reconted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Complete Liability Complete L23000168253	pany were filed on 04/04/2023	and assigned
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 ADDRES	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2023 III 7 + 0
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>en</u>	nter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	idress
		, Florida
	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 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>	t,	Address	<u>1</u>	Type of Action
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			DELRAY BEACH, FL 33444		_ <b>≣</b> Remove
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ocument's effective date on	the Department of	a place a records.				
record specifies a delayed e	ffective date, but r	not an effective til	me, at 12:01 a.m/	an the earlier of:	(b) The 90	th day after th
l is filed.			/ ,	/		
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Filing Fee: \$25.00