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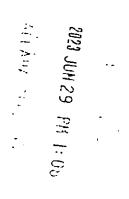
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COVER LETTER

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SUBJECT:	HO	MESBY JOS I ELLC		
		Name of Lin	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Josephine Car	stelar	
			Name of Person	
		HOMES BY JOS	JE LLC	
			Firm/Company	
		16139 Emera	ld cove Pd	
			Address	
		Weston, FL 33	331	
		Weston, FL 33 Scastelar & E	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further i	nformation c	oncerning this matter, please c	all:	
Joseph	rine (ästelar	at (954) 562-	1522
	Name of	f Person	at (Q54) 5 Q3 - Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
≨ \$25.00 l		☐ \$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>Ma</u>	iling Addres	<u>s:</u>	Street Address:	

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

HOMESBY JOSIE LIC (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 April 25, 2033 Florida document number _La3000 ao3a38 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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
mgf	Josephine Castelar	16139 Emerald Cove Politication, fl 33:	33 ⊠Add
			□Remove
			Change
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Effective date, if other than the date of filing:	Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the						
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Josephine Cutton Signature of a member or authorized representative of a member	John 24 John Cart las Signature of a member or authorized representative of a member	Λ		222			
Signature of a member or authorized representative of a member	Josephine Cartilas Signature of a member or authorized representative of a member	Dated June 24		<u>9095</u>	- ·		
Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member	Sulfaceop	Confide				
		<u>JOSEPHINE</u>	Signature of	a member or autho	orized representat	ive of a member	
Typed or printed name of signee				ryped of printe	o name or signed	•	