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(Requestor's Name)
(Address)
(Address)
(local book)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(2)
(Document Number)
Certified Copies Certificates of Status
Special lectrostices to Elling Officer
Special Instructions to Filing Officer:

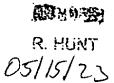
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: St. (wis to	wes UC	
Name of L	imited Liability Company	
The enclosed Articles of Amendment and fee(s) are so	ubmitted for filing.	
SUBJECT: St. (a) Sto Nes (LC) Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:		
_ Erod		
	· louis Homes LLC	
[021 NW (Q th Aue Address	
F1-lauderd	City/State and Zip Code	
Ulctory to E-mail address	c to be used for future annual report notifica	M ulion)
	eall:	
	at (<u>501)</u> 827. 90 Area Code Daytime T	230 clephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee S30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
Mailing Address: Registration Section	Street Address: Registration Secti	on

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
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 Liability Compa- (A Florida Limited L	ny as it now appears of inbility Company)	on our records.)	
he Articles of Organization for this Limited Liability Company lorida document number <u>LZ3C002cqu51</u> .	were filed onA	DV1 27+3 2023	_ and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liabi	ility company here	:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desi	gnation "LLC" or the abbres	ciation "L.L.C."
nter new principal offices address, if applicable:	(021 NW (oth Are Apt2	
Principal office address MUST BE A STREET ADDRESS)	Ft. Lauderd	04 Az Apt2 ale, fC333115	- 23
		100	
		AR AR	Ji T
nter new mailing address, if applicable:		S CO	-0 PP
failing address MAY BE A POST OFFICE BOX)		ن کی ن	
		FEAT	 ယ မ
. If amending the registered agent and/or registered office a <u>cent and/or the new registered office address here</u> :	iddress on our reco	ords, <u>enter the name o</u>	f the new regis
Name of New Registered Agent:			
New Registered Office Address:		· · · · ·	
	Enter Florida street address		
		, Florida	
	City		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to compl 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
Mar	Aurora Stlovis	CORINW OOD Are AAZ	🗀 Add
		F1. Lauderdole, FL33311	Remove
			□Change
			∐Add
			□Remove
			🗀 Change
			🗀 Add
			□Remove
			□Change
		🗀 Add	
		····	
			UAdd
		448-24-311-388-5-1	□Remove
			🗀 Change
		·····	ÜAdd
			□Remove
			□ Channa

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
If an ef Note:	ive date, if other than the date of filing:
e reco rd is f	rd 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 led.
Dated	May 9th 2023
	Signature of a member of authorized representative of a member
	· //

Filing Fee: \$25.00