# L23000220117

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#### **COVER LETTER**

	RBARA HOMES 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:	
	SANTABARBARA, ANT	HONY J	
	Name of Limited Liability Company  Inclosed Articles of Amendment and fee(s) are submitted for filling.  Teturn all correspondence concerning this matter to the following:  SANTABARBARA, ANTHONY J  Name of Person  Firm/Company  5133 BLUE HERON DR  Address  NEW PORT RICHEY, FL 34652  City/State and Zip Code  tax@rolssbc.com  E-mail address: (to be used for future annual report notification)  Inther information concerning this matter, please call:  TABARBARA, ANTHONY J  Name of Person  Area Code  Daytine Telephone Number  sed is a check for the following amount:  25.00 Filling Fee  Certificate of Status  Certificate Copy  (additional copy is enclosed)  Certificate Of  Certificate	,	
		Firm/Company	
	5133 BLUE HERON DR	2	
		Address	
	NEW PORT RICHEY, F	L 34652	·
		City/State and Zip Code	
	<del>-</del>	to be used for future annual report notific	cation)
For further information c			
SANTABARBARA, AN	THONY J		
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee		Certified Copy	□ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			ion
Megistration -	'	Division of Com	

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

Authentisign ID: 86808888-C542-EE11-A3F1-60458DE0185F

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANTABARBARA HOMES LLC		l <b>t</b>
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on o orida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabilit	ty Company were filed on	23 and assigned
This amendment is submitted to amend the following	j.	
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 designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
Principal office address MUST BE A STREET AD	ODRESS)	
		<u>)</u> 02.
		· ·
Enter new mailing address, if applicable:		1
Mailing address MAY BE A POST OFFICE BOX	"	70
Maning address MAT BE A FOST OFFICE BOX		
	<del></del>	7 2
B. If amending the registered agent and/or registered agent and/or the new registered office address her		s, <u>enter the name of the new registe</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	vet address
		, 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.

Authenbsson ID. 8680BB86 C542-FE11 A3F1 6045BDED1B5F

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
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fective date, if other than the	e date of filing:		(optional)	
fective date, if other than the meffective date is listed, the date moote: If the date inserted in this becument's effective date on the I	lock does not meet the appli	cable statutory filing requ	n 90 days after filing.) Pur irements, this date will	suant to 605.02/ not be listed :
ecord specifies a delayed effecti is filed.	/e date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90	th day after th
August 24th	2023			
		<del></del>		

Typed or printed name of signee



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2023

ANTHONY J SANTABARBARA 5133 BLUE HERON DR NEW PORT RICHEY, FL 34652 US

SUBJECT: SANTABARBARA HOMES LLC

Ref. Number: L23000220117

We have received your document for SANTABARBARA HOMES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 323A00021679

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