

To:

Page: 1 of 5

2024-03-20 09:39:33 UTC+14

18506176383

From: ZenBusiness User

18/3/24, 14:15

Division of Corporations

1124000104880 3

**L23000286748**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.  
Account Number : 120230000190  
Phone : (844)449-3624  
Fax Number : (512)597-0678

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED

2024 MAR 19 PM 3:39

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
INTELLIGENT LIVING HOMES LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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MAR 20 2024  
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H24000104880 3

To:

Page: 2 of 5

2024-03-20 09:39:33 UTC+14

18506176383

From: ZenBusiness User

**COVER LETTER**

F124000104880 3

TO: Registration Section  
Division of Corporations

SUBJECT: Intelligent Living Homes LLC

\_\_\_\_\_  
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:

Jonathan Taboada

\_\_\_\_\_  
Name of Person

ZenBusiness INC

\_\_\_\_\_  
Firm/Company

336 E. College Ave Suite 301

\_\_\_\_\_  
Address

Tallahassee, FL 32301

\_\_\_\_\_  
City/State and Zip Code

fulfillment@zenbusiness.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

c/o ZenBusiness INC

844

493-6249

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

F124000104880 3

To:

Page: 3 of 5

2024-03-20 09:39:33 UTC+14

18506176383

From: ZenBusiness User

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

H24000104880 3

Intelligent Living Homes LLC

(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 03/19/2024 and assigned  
Florida document number L23000286748.

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 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*

*City*

*Florida*

*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 Changing Registered Agent, Signature of New Registered Agent**

H24000104880 3

To:

Page: 4 of 5

2024-03-20 09:39:33 UTC+14

18506176383

From: ZenBusiness User

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>         | <u>Address</u>           | <u>Type of Action</u>                      |
|--------------|---------------------|--------------------------|--------------------------------------------|
| AMBR         | Enrique Mertins     | 2806 Starwood Court      | <input type="checkbox"/> Add               |
|              |                     | Bradenton, FL 34211-2643 | <input checked="" type="checkbox"/> Remove |
|              |                     | US                       | <input type="checkbox"/> Change            |
| AMBR         | Janelle Mertins     | 2806 Starwood Court      | <input type="checkbox"/> Add               |
|              |                     | Bradenton, FL 34211-2643 | <input checked="" type="checkbox"/> Remove |
|              |                     | US                       | <input type="checkbox"/> Change            |
| AMBR         | Janelle Mertins LLC | 2806 Starwood Court      | <input checked="" type="checkbox"/> Add    |
|              |                     | Bradenton, FL 34211-2643 | <input type="checkbox"/> Remove            |
|              |                     | US                       | <input type="checkbox"/> Change            |
|              |                     |                          | <input type="checkbox"/> Add               |
|              |                     |                          | <input type="checkbox"/> Remove            |
|              |                     |                          | <input type="checkbox"/> Change            |
|              |                     |                          | <input type="checkbox"/> Add               |
|              |                     |                          | <input type="checkbox"/> Remove            |
|              |                     |                          | <input type="checkbox"/> Change            |
|              |                     |                          | <input type="checkbox"/> Add               |
|              |                     |                          | <input type="checkbox"/> Remove            |
|              |                     |                          | <input type="checkbox"/> Change            |

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