L23000321319

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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2024 JUN 13 AM II: 44

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COVER LETTER

| ΓΟ: Registration : Division of C | Section orporations - | | | | | |
|--|---|---|---|--|--|--|
| | REMIUM HOME BUILDS | ERS LLC . | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | | |
| The enclosed Articles o | of Amendment and fee(s) are sub | omitted for filing | | | | |
| Please return all corresp | pondence concerning this matter | to the following: | | | | |
| | Meghan Edwards | | | | | |
| | | Name of Person | | | | |
| | Edwards & Edwards | s. P.A. | | | | |
| | Firm Company | | | | | |
| | 6620 Southpoint Drive. South. Suite 200 | | | | | |
| | | Address | | | | |
| | Jacksonville, FL 322 | 216 | | | | |
| | <u></u> | City State and Zip Code | | | | |
| | ME@EdwardsEdwar | | | | | |
| For disther information | concerning this matter, please c | to be used for future annual report no all: | OCTESTION) | | | |
| Meghan Edwards | | 904 222-082 | 29 | | | |
| | of Person | at () | me Telephone Number | | | |
| Enclosed is a check for | the following amount: | | | | | |
| 325 00 Filing Fee | S30 00 Filing Fee & Certificate of Status | S55 00 Filing Fee & Certified Copy additional copy is enclosed: | Se0 00 Filing Fee. Certificate of Status & Certified Copy (additional rep) is enclosed) | | | |
| Mailing Address: Registration Section | | <u>Street Address:</u> Registration S | ection | | | |
| Division of Corporations | | Division of Co | Division of Corporations | | | |
| P.O. Box 6327 Tallahassee, FL 32314 | | | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

H&H PREMIUM HOME BUILDERS LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.) 2024 JUN 13 AM II: 44

(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Compa | ny were filed on . | 07/06/2023 | TALLAHASSATIENTE STATE |
|---|---------------------------------------|------------------------------------|---|
| Florida document number L23000321319 | | _ | - |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited li | ability company | <u>here</u> : | |
| The new name must be distinguishable and contain the words "Limited Li- | ability Company," the | e 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 agent and/or the new registered office address here: | ce address on our | records, <u>enter</u> | the name of the new registered |
| Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address: | Enter Florida street address | | |
| | , Florida | | |
| | Cin | , , , , , | Zip Code |
| New Registered Agent's Signature, if changing Registered Age | nt: | | |
| I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered offi- | ete performance is provided for ir | of my duties, as 1 Chapter 605, | nd I am familiar with and F.S. Or, if this document is |

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 |
|--------------|--------------|------------------------|-----------------|
| Membe | Keith Pereau | 10543 GREENVILLE RD, | ⊠ Add |
| | | JACKSONVILLE, FL 32256 | Remove |
| | | | Change |
| | | | 🗖 Add |
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| | | | Remove |
| | | | □ Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If 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 record is filed. Dated __ 06/12/2024 Signature of a member or authorized representative of a member Klaudio Hila Typed or printed name of signee