123000373049

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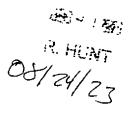
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DIVISION OF CORPORALLY



COVER LETTER.

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Division of C		*	4 *		
	ME STEADHAM LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
	pondence concerning this matter				
	WILLIAM STEADHAM				
		Name of Person		-	
	THE HOME STEADHAM	1 LLC			
		Firm/Company		-	
	540 HWY 164				
		Address		-	21
	MCDAVID, FL 32568				123 A
		City/State and Zip Code		-	2023 AUG 24 PH 12: 40
	E-mail address: (to be used for future annual rep	port notification)	· ·	∓ P F
For further information	n concerning this matter, please c	all:		ŗ	<u>~</u>
WILLIAM STEADHA	ΛM	850 495-4	1856	Ç	5
Name	e of Person	at () Area Code	Daytime Telephone Numbe	T	
Enclosed is a check for	r the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	ate of Status &	
<u>Mailing Add</u> Registratio Division of		Division	ion Section of Corporations		
P.O. Box 6	327	The Cent	re of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE HOME STEADHAM LLC			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on or I Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Companies Florida document number 1.23000373049	y were filed on 08/08/200	23	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
THE HOMESTEADHAMS LLC			
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designat	ion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			.
(Principal office address MUST BE A STREET ADDRESS)			
			UIVISION O 2023 AUG.
Enter new mailing address, if applicable:			<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>
(Mailing address MAY BE A POST OFFICE BOX)			# 00 कि हैं
			ား ဣ
			2: [
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our record	s, <u>enter the name o</u>	f the newcregister
Name of New Registered Agent:	<u> </u>	_ 	
New Registered Office Address:			
New Registered Office Address.	Enter Florida stre	eet address	
		, Florida	
-	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic	te performance of my di s provided for in Chapte	uties, and I am fan er 605, F.S. Or, if i	iiliar with and this document is

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			Add PMs PMs Change: 40 Change: 4
			□Remd }
		-	□ Change
			□Add
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				<u> </u>
E. Effective date, if other than the configuration (If an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Department.	ck does not meet the applica	to date of filing or more than the statutory filing requir	(optional) 90 days after filing.) Pursuant to rements, this date will not be	o 605.0207 (3)(b e listed as the
If the record specifies a delayed effective record is filed.	date, but not an effective tir	ne, at 12:01 a.m. on the c	earlier of: (b) The 90th day	after the
Dated AUGUST 14	. 2023	_ <i>·</i>		
		_		_
	Signature of a member or autho	rized representative of a me	mber	
WILLIAM STEADHAM			·	_
	Typed or printe	d name of signee		

Filing Fee: \$25.00