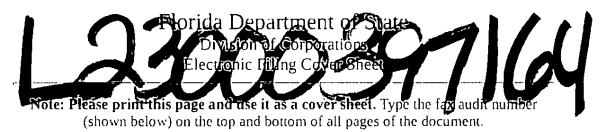
Page: 1/4

Division of Corporations

From: Registered Agents Inc.

Fax: 8134365206



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RANSOMED HOMES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. LEMIEUX

DEC 22 2023

Electronic Filing Menu Corporate Filing Menu

Help

12/21/2023 12:59:01-PST To: 18506176383 Page: 2/4 From: Registered Agents Inc Fax: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ransomed Homes LLC				
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now ap i Limited Liability Compai	pears on our records.) ly)		
The Articles of Organization for this Limited Liability C Florida document number <u>L23000397164</u>	ompany were filed on	08/23/2023	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability company	y here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," t	he designation "LLC" or the abl	previation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	(ESS)	<del></del>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		ir records, enter the name	e of the new registered	
	, Florida			
	Ciţ		Zip Code	
New Registered Agent's Signature, if changing Registered	d Agent:		- ר	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance gent as provided for a ed office address, I he	of my duties, and I am foin Chapter 605, F.S. Or.	miliar with and if this document is	

If Changing Registered Agent, Signature of New Registered Agent

12/21/2023 12:59.01-PST

To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

## 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>	Name	Address	Type of Action
MGR	Rachel Mcneal	172 CR 309C	<b>X</b> JAdd
		Palatka FL 32177	□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			DAdd
			□Remove
	<del></del>		□Add
			□Remove
			□ Change
			□Add
			Change
			□Add
			□Remove
			□Change

To. 18506176383

ffective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or more from 90 days after filing.) Pursuant to 605 0207 (other.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occurrent's effective date on the Department of State's records.  The 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 is filed.  The 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 is filed.  The specifies a delayed effective date and the specified of the specified					<del> </del>		
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