L23000413316

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COVER LETTER

Division of Cor			•
Mayflower	Homes LLC		
SUBJECT:	Name of Lin	nited 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:	
	Steven Halford		
		Name of Person	
	Mayflower Homes LLC		
		Firm/Company	
	1498 Juniper Hammock S	treet	
		Address	
	Winter Garden, Fl, 34787		
		City/State and Zip Code	
	StevenJamesHalford@gma E-mail address:	il.com to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c		·
Steven Halford		407 600-1507	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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)
Malling Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Con	
P.O. Box 632		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 OCT 26 PH 6: 08

Mayflower Homes LLC		·	<u> </u>
(Name of the Limit	ed Liability Comps (A Florida Limited	any as it now appears on our records Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited L Florida document number L23000413316	iability Company	were filed on September 5th 202	23 and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	nility company here:	
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	12814 Del Lago Drive	
(Principal office address MUST BE A STREE		Astatula	
		Florida, 34705, USA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12814 Del Lago Drive	
		Astatula	
		Florida, 34705, USA	
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	-	address on our records, <u>enter t</u>	the name of the new regis
New Registered Office Address:	12814 Del Lag		
		Enter Florida street address	
	Astatula		orida 34705
		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.

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	<u>Address</u>	Type of Action
MGR	Steven Halford	12814 Del Lago Drive	= A d d
		Astatula	□ Remove
		Florida, 34705, USA	
			□Add
			□Remove
			[]Change
			□Remove
			🖸 Add
			□Remove
			□ Change
			🗀 Add
			🗀 Remove
			□Add
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			☐ Change

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n eff <u>te:</u>	e date, if other than the date of filing: [Immediately (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.026 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at it's effective date on the Department of State's records.
cor s fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ed	2023
	Signature of a member or authorized representative of a member