## 123000438574

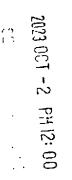
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## **COVER LETTER**

TO:		istration Sec ision of Corp			•	G,	
erin te	- COT	Life by Desi	gn: Florida Homes LLC				
SUBJE	Name of Limited Liability Company						
The end	losed	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please 1	eturn	all correspor	ndence concerning this matter	to the following:			
			Linda Hubert				
				Name of Person			
			Income Tax & More				
				Finn/Company		<del></del>	
			2800 Aurora Rd Suite C				
			·····	Address		<del></del>	
	Melbourne, FL 32935  City/State and Zip Code						
			Joe@daniellebusiness.com E-mail address: (	to be used for future annual	report notification)		
For furt	her in	formation co	ncerning this matter, please ca		,		
Linda F	-luber			321 75 at ()	1-2400		
		Name of	Person	Area Code	Daytime Telepho	ne Number	
Enclose	d is a	check for the	c following amount:				
<b>■</b> \$25	i.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		S60.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Life By Design: Florida Homes LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L23000438574	Company were filed on September 20, 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 here:	
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		7073 OC
(Mailing address MAY BE A POST OFFICE BOX)		
		70
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the r	name of the new registered
		<b>O</b>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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>	<u>Name</u>	Address	Type of Action
AMBR	Gary Lee White	906 Defeated Creek Rd., Centerville TN 37033	\ ■Add
			□Rcmove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
	<del></del>		□∧dd
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Typed or printed name of signee

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