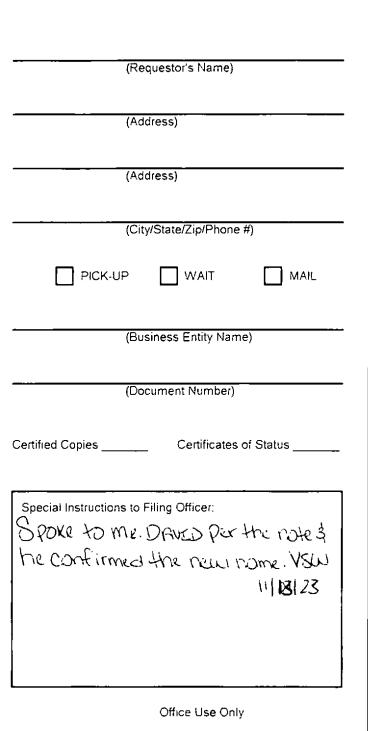
L23000483605





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023 HOV - 1 FH 3: 34



COVER LETTER

Registration Section TO: **Division of Corporations**

SUBJECT:	Guardian Hor	ne Management, LL0	C	
	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		David Pugh		
		Name of Person		
		Firm/Company		
		9475 85th St		
		Address		
	\	/ero Beach, FL 3296	7	
		ughd581@gmail.co		
	E-mail address: (t	o be used for future annual re	eport notification)	
For further information of	oncerning this matter, please ca	dt:		
David Pugh		at (772)	899-473	2
Name o	f Person	Area Code	Daytime Telepho	ne Number
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 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

Guardian Home Management, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 10/23/2023 The Articles of Organization for this Limited Liability Company were filed on ___ and assigned L23000483605 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Guardian-Property-Management-LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	Name	Address	Type of Action
			🗀 Add
			□Remove
			□Change
			□Add
			□Change
			□Add
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

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	<u> </u>			~ 	
					
-			<u> </u>		
Note: If the	ate, if other than the date of fidate is listed, the date must be specific date inserted in this block does n effective date on the Department	ot meet the applicable	date of filing or more than 90 e statutory filing required	(optional) days after filing.) Pursuant to ments, this date will not be	605.0207 (listed as t
e record spec rd is filed.	cifies a delayed effective date, but	not an effective time	c, at 12:01 a.m. on the car	lier of: (b) The 90th day a	ifter the
	October 27	2023			
Dated		<i>^</i> ,			
Dated	Dav	id Pugh	<u> </u>		_
Dated	Signature o	of a member or authorize	red representative of a mem	ber	-

Filing Fee: \$25.00