L23000504462

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | Idress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

ro:

| TLC Home | s Myra LLC | | |
|---|--|---|--|
| | Name of Lim | ited 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: | |
| | Heather Eck | | |
| | | Name of Person | _ |
| | New Business Filing | | |
| | | Firm/Company | |
| | 8170 Washington Village | Dr | |
| | | Address | |
| | Dayton, OH 45458 | | |
| | | City/State and Zip Code | |
| | orders@newbusinessfiling. | - - | |
| | E-mail address: (| to be used for future annual report not | ification) |
| For further information c | oncerning this matter, please c | all: | |
| Nickie Colvin | | 904 229-7532 at () | |
| Name o | f Person | | 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) |
| Mailing Address Registration S Division of C P.O. Box 632 | Section Corporations | Street Address: Registration Se Division of Con The Centre of 7 | rporations |
| Tallahassee, l | | | be Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | | Zin Code |
|--|--|--|
| | Waldo | Florida 32694 |
| If amending the registered agent and/or ent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: | Enter F | lorida street address |
| New Registered Office Address: | 14519 NE 144th Place | |
| Name of New Registered Agent: | Nickie Colvin | |
| t and/or the new registered office addr | ess here. | |
| | | records, enter the name of the new regis |
| | | or Si |
| | designation of the Part of the | 7 7 M |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| r new mailing address, if applicable: | | NOV 27 |
| | | 2023 NO) |
| | - | |
| <u>acipal office address MUST BE A STRE</u> | ET ADDRESS) | |
| r new principal offices address, if appl | | |
| | | such gradion in the condition of the condition in the con |
| ew name must be distinguishable and contain the | words "Limited Liability Company" the | designation "LLC" or the abbreviation "L.L.C." |
| f amending name, enter the new name | of the limited liability company | <u>here</u> : |
| amendment is submitted to amend the fo | · · | _ |
| | | |
| da document number 1.23000504462 | | |
| Articles of Organization for this Limited | Liability Company were filed on | 11/06/2023 and assigned |
| | | |

New Registered Agent's Signature, if changing Registered Agent:

TLC Homes Myra LLC

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 Changing Registered Agent, Signature of New Registered Agent

f 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>l'itle</u> | <u>Name</u> | Address | Type of Action |
|---------------|---------------|----------------------|----------------|
| AMBR | Nickie Colvin | 14519 NE 144th Place | □Add |
| | | Waldo, Florida 32694 | □Remove |
| | | | ⊡Change |
| AMBR | Ciera Dotson | 14519 NE 144th Place | □Add |
| | | Waldo Florida 32694 | □Remove |
| | | | |
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| ctive date, if other than the d | ate of filin | 19: | | | | (option: | al) | | |
| ective date, if other than the d effective date is listed, the date must be e: If the date inserted in this blood | e specific and | nd cannot be p | prior to date o | of filing or mo | re than 90 day requirement | 's after fili | ing.) Purst ate will n | ant to 605 | 5.020 ed as |
| ument's effective date on the Dep | partment of | State's reco | ords. | tutory ming | requiremen. | , | | .01 04 1151 | |
| | | | | | | | | | |
| cord specifies a delayed effective s filed. | date, but no | ot an effecti | ve time, at | 2:01 a.m. o | n the earlier | of: (b) | The 90th | day afte | r the |
| ed November 17 | | 2023 | · | | | | | | |
| Nirker (1) | NN | | | | | | | | |
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Filing Fee: \$25.00