# L23000550168

(Re	equestor's Name)	
(Ac	idress)	<del>_</del>
(Ac	ldress)	
	. 10	
(Cil	ty/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(5)	<b>5</b>	
(Bu	isiness Entity Name	)
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration So Division of Con			
SUBJECT:	tomes With	the Christer ited Liability Company	na, LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Christ	TENA Gree Name of Person	
		Litta Company	
	3671 Pla	antadion Dr	<del></del>
	Ormand	Beach FL City/State and Zip Code	
	Christer E-mail address: (1	na real estate o be used for future annual report noti	e o gmail.com
For further information of	oncerning this matter, please ca	ill:	
<u>Christer</u>	na Green (Person	at (386) 610 Area Code Daytim	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 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

Homes Will Name of the Limited Liability	Christen Company as I now appears on C	a LLC
The Articles of Organization for this Limited Liability Co Florida document number <u>L23000550</u>		13/2023 and assigned
This amendment is submitted to amend the following:	3.40	
A. If amending name, enter the new name of the limit	LLC.	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
-		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our record	s. <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
<del></del>	Emer Florida str	vet address
		Florida
<del></del>	Cuy	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. Thereby 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
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐Change
	<del></del>	□Add	
			□Remove
			□Change
			□Add
			□Remove
			Change
		□Add	
		□Remove	
			□Change
			□Remove
			□Change

Note:	ive date, if other than the date of filing:
e reco rd is f	rd 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 led.
Dated	09/13/2024
	Signature of a member or authorized representative of a member
	Christena Green Typed or printed same of signee
	Christona Dreep

Filing Fee: \$25.00