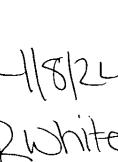
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		ited Liability Company		
icles of <i>E</i>	Amendment and fee(s) are sub	mitted for filing.		
correspor	ndence concerning this matter	to the following:		
	Francisco DaCruz Jr			
		Name of Person		
		Firm/Company		<u> </u>
	3985 N Lake Orlando Pkw	y, #2006		
		Address		
	Orlando, FL 32808			
		City/State and Zip Coo	ie	
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nation co			ан герогі поппсано	nt)
z Jr				
Name of	Person	Area Code	Daytime Tele	phone Number
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g Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Division of Corporations		Divis	Division of Corporations	
P.O. Box 6327				
	nation con z Jr Name of ck for the g Fee Address ration S on of Co ox 6322	icles of Amendment and fee(s) are subcorrespondence concerning this matter Francisco DaCruz Jr 3985 N Lake Orlando Pkw Orlando, FL 32808 f.dacruzjr@gmail.com E-mail address: (mation concerning this matter, please c z Jr Name of Person ck for the following amount: g Fee	Name of Limited Liability Company icles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Francisco DaCruz Jr Name of Person Firm/Company 3985 N Lake Orlando Pkwy, #2006 Address Orlando, FL 32808 City/State and Zip Cooff.dacruzjr@gmail.com E-mail address: (to be used for future annumation concerning this matter, please call: z Jr Name of Person at (Name of Limited Liability Company icles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Francisco DaCruz Jr Name of Person Firm/Company 3985 N Lake Orlando Pkwy, #2006 Address Orlando, FL 32808 City/State and Zip Code f.dacruzjr@gmail.com E-mail address: (to be used for future annual report notification concerning this matter, please call: z. Jr Name of Person Area Code Daytime Tele ck for the following amount: g Fee S30.00 Filing Fee & Certified Copy (additional copy is enclosed) Address: ration Section on of Corporations On Section On Of Corporations On Of Co

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nesting Homes, LLC.

2024 HAR 29 AM 10: 33

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	•	
The Articles of Organization for this Limited Liability Co	mpany were filed on 12/21/2023	and assigned
Florida document number 1.23000560876	<u>-</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Grace Nesting Homes, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	<u> </u>
		
Catana and another address if applicables		
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 th	e name of the new regist
agent and/or the new registered office address here:	,	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	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
		<u> </u>	□Add
			□Remove
			☐ Change
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(If an ef Note:	tive date, if other than the date of filing: O5/05/2024 (optional) Tective 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 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the recordisti	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 liled,
Dated	$\frac{2024}{2024}$
	Signature of a member or authorized representative of a member
	Francisco DaCruz Jr
	Typed or printed name of signee