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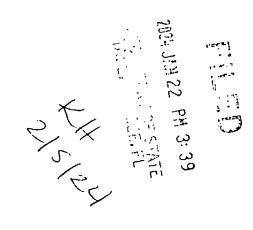
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Con					
SUBJECT:	420 Ho	mes #5	LLC		
	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	J	ames B	owies		
		Name of Person		. 4=11	_
		Firm/Company	3000 420_	Homes #5 LL	, C
	2	251 top1	ine wa	4	
		Address			
	Brod	exsuille f	2-L 346	604	
	Jimmy	City/State and Zip Cod	AP DISPO	nsary. com	ı
	concerning this matter, please c	all:		n)	2024 JEH
Name o	Person	at (3 \$\frac{2}{\text{Area Code}})_	942 - 2 Daytime Telep	ohone Number	1074 JEH 22 PH 3:
Enclosed is a check for the	he following amount:			Ph	50
\$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee Certified Copy (additional copy is e		☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclose	
Mailing Address Registration			Address: tration Section		
Division of C P.O. Box 632	•		on of Corporat entre of Tallah		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, • •	Homes	_		
(Name of the Limited Liab	oility Company as it no	ow appears on	our records.)	
(A Flor	rida Limited Liability Co	ompany)		

(1)	v r fortga i innited i ja	omey Company)		
The Articles of Organization for this Limited Lial Florida document numberL24 00006		ere filed on	12/28/23	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabili	ty company her	<u>e</u> :	
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the des	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicat	ole:		BY COLUMN	WI SORIUM
(Principal office address MUST BE A STREET	ADDRESS)	JWD	OR ML	King JR BLUD
	_	Brooksu:	_	4601
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be) B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office ad	Spring	Deltona Blud Hill, FL 3 cords, enter the name	4606
Name of New Registered Agent:	Healing	Emotiona	lly mentally	Physizany W
New Registered Office Address:	6175			50 Ptc 904
			la street address	2111 01
	Sprina	, thu	Florida	34606
		Ciţy		Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this cl	and complete pared agent as progestered office a	erformance of n ovided for in Ch	ny duties, and I am for hapter 605, F.S. Or,	amiliar with and if this document is

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 Title Type of Action <u>Address</u> Jozs marnill ct. Spring thu, fl, 34606 James & Bowles V
(Remove) M6R _ 🗆 Add _ S Remove m 6R 14229 ley Bourne Way _____ Add Spring HILL, FL, =1609 Remove COSCOLO POR TRAINING Healing Emotionally SALL SOUND DOOR MGR mentally Physically uc 6175 Octona Blud. Suite 104 (46A) Spring Hill , FL. 34606 TRemove □ Change \square Add □Change

						
						
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ctive date, if other than the effective date is listed, the date must	date of filing: be specific and c	annot be prior to	date of filing or	(o p more than 90 days al		
If the date inserted in this blo iment's effective date on the De	ck does not me	ect the applicab	ole statutory fili	ng requirements,	this date will	nof be listed
ord specifies a delayed effective filed.	date, but not a	n effective tim	e, at 12:01 a.m	on the earlier of:	(b) The 90	th day after t
a chalad		i la dia adi				
d 01/12/24	·	4:1400	-			

Filing Foo: \$25.00

Typed or printed name of signee