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COVER LETTER

TO: Registration Section Division of Corporations

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FRANCO HOMES LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADRIANA LOPES BARROS MUNHOLI

Name of Person

PREMIUM CONSULTING AND TAX SERVICES

Firm/Company

8803 FUTURES DRIVE SUITE 5B

Address

ORLANDO, FLORIDA, 32819

	City/State and Zip Code			\sim	
ADRIANA@PREMIUMTAXUSA.COM				2024 SEC	
E-mail address: (to be used for future annual report notification)			cation)	 2024 OC. SECKF	
For further information e	oncerning this matter, please c	all:	:		• •
ADRIANA LOPES BAI	RROS MUNHOLI	321 236-0200 at ()	:		••
Name o	f Person	Area Code Daytime	Telephone Number	12:06 ·	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

FRANCO HOMES LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>STATE OF FLORIDA</u> and assigned Florida document number <u>L24000025505</u>.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		D24OC
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>الان المعالم ا</u>

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida street	address	
			Florida	
		Cuy	Zı	p 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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

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MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	<u>Type of Action</u>
AMBR	BETO SERVICES, LLC	13319 SW 42ND CIRCLE, OCALA, FL 34473	DAdd
			Remove
			🗆 Change
MGR	ADALBERTO C GALVAO NETO	13319 SW 42ND CIRCLE, OCALA, FL 34473	□∧da
		·	🗆 Change
MGR	JULLE KAREN OLIVEIRA DE C ASTRC	2 13319 SW 42ND CIRCLE, OCALA, FL 34473	□Add
			🖹 Remove
			Change
		TALLNH	Change
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			🗆 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record 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 record is filed.

Dated OCTOBER 3	. 2024
Sig	nature of a member or authorized representative of a member
ADALBERTO DE CASTR	O G NETO
	Typed or printed name of signee