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COVER LETTER

	gistration Sect ision of Corpo				
CUD IT CT.	TTK HOMES				
SUBJECT			ed Liability Company		
The enclosed	l Articles of Ar	nendment and fee(s) are subtr	nitted for filing.		
		ence concerning this matter to	_		
		EMILY VU			
		······································	Name of Person		
		TTK HOMES I LLC			
			Firm/Company		
		4411 BEE RIDGE RD, #63.	3		
			Address		
		SARASOTA, FL 34234			
			City/State and Zip Code		
		EMILYKVU@GMAIL.CON	1		
		E-mail address: (to	be used for future annual	report notification)	
For further in	nformation con	cerning this matter, please cal	I:		
EMILY K V	'U		941 928 at ()	8-0368	
	Name of P	erson	Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	following amount:			
■ \$25.00 F	îling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$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 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

TTK HOMES I LLC (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 Company were filed on $^{\mathrm{JAN}}$ 19, 2024 ____ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ___ CivNew 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	EMILY K VU	4411 BEE RDIGE RD, SARASOTA, FL 34233	\alpha Add
			□Remove
			□ Change
			🗆 Add
			□Remove
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Note: If the date i	other than the date listed, the date must be sp inserted in this block do ive date on the Departn	oes not meet the app	rior to date of filing or more than 90 blicable statutory filing requirented.	(optional) days after filing.) Pursua nents, this date will no	ant to 605.02 of be listed
he record specifies a ord is tiled.	a delayed effective date	, but not an effectiv	e time, at 12:01 a.m. on the earl	ier of: (b) The 90th	day after th
Dated MAR 21	1,	. 2024	 -	SECRE TALLA	2024 APR -
	Signa	ture of a member or a	uthorized representative of a member	AHS S	
EMIL	Y K VU			SEE.	
		Typed or pr	inted name of signee);

Filing Fee: \$25.00