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COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT: MAGGIORE Name of I	HOMES LLC Limited Liability Company
The enclosed Articles of Amendment and fee(s) are s	
Please return all correspondence concerning this mat	ter to the following:
MAURICIO	SIQUEIRA PENHA Name of Person
MAGGIORE	HOMES LLC Firm/Company
9006 MAS	JESTY PALM ROAD Address
	EE FLORIDA 34747 City/State and Zip Code
E-mail addres	A 07 @ ICLOUD. CoM s: (to be used for future annual report notification)
For further information concerning this matter, please	e call:
MAURICIO SIQUEIRA PENHA	at (S61) 866 - 1917 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
X \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGGIORE HOME	
(A Florida)	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L 2400066485</u>	ompany were filed on $\frac{02/05/2024}{2024}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limit</u>	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "L.I.C" or the abbreviation "L.IC,"
Enter new principal offices address, if applicable:	9006 MAJESTY PALM ROAD,
(Principal office address MUST BE A STREET ADDRI	ESS) KISSIMMEE, FLORIDA 34712
Enter new mailing address, if applicable:	SAME AS ABOVE.
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: MAU	IRICIO SIQUEIRA PENHA
New Registered Office Address: 9006	6 MAJESTY PALM ROAD Enter Florida street address
	SSIMMEE Florida 34747 City Zip Code
Note that the contract of the	I. A A

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 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>	Name	Address	Type of Action
MCR	FERNANDA QUITERB	6874 SPERONE STREET,	□Add
		ORLANDO, FLORIDA 32819	X Remove
		N/A	□Change
NIA	N/A	N/A	
		N/A	□Remove
		N/A	□Change
N/A N/A	N/A	N/A	□Add
		N/A	□Remove
		N/A	□Change
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1 1 1		N/A	□ Remove
		N/A	
N/A_	N/A	Λ/Δ	Change
			□Add
		${\sqrt{\Delta}}$	□Remove
N/A	N/A	<u> </u>	□Change
<u>V/H</u>		10/Pt	□Add
		10/14	□Remove
		N/A	[]Change

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ffectiv	e date, if other than the date of filing: 05-30-2024 (optional) tive 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
<u>iote:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as at a seffective date on the Department of State's records.
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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 d.
record d is filed	
record d is filed	d.

Filing Fee: \$25.00