L2400075417

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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO: Registration So Division of Co		•		
	ATIVE HOMES LLC	•		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	bmitted for filing.		
Please return all correspondence	ondence concerning this matter	r to the following:		
	Julian Massa			
		Name of Person		
		Firm/Company		
	460 NE 28TH ST APT 2			
	Address			
	MIAMI, FL 33137			
	INFO@BIZOLVING.COM	City/State and Zip Code		
		(to be used for future annual report notification)		
For further information of	concerning this matter, please c	call:		
Julian Massa		786 8621493		
Name o	of Person	Area Code Daytime Telephone Number		
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Street Address: \$60.00 Filing Fee,		
Mailing Address Registration of C P.O. Box 632 Tallahassee.	Section Corporations 27	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

(A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L24000075417	y were filed on 03/04/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility 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)		
Address Mill DETT OST OF TAGE DOT		
B. If amending the registered agent and/or registered office	e address on our records, <u>enter the</u>	name of the new regis
agent and/or the new registered office address here:		
Name of New Registered Agent:		
	Para Planta and H	
Name of New Registered Agent:	Enter Florida street address , Flori d	

New Registered Agent's Signature, it 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.

SECRE NA PROPERTY OF STALLS

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>	<u>Address</u>	Type of Action
OFFICEF	PEDRO JOSE QUARTEROLO	6580 INDIAN CREEK APT 504, Miami Beach FL	3 _
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		SECRLLAN.	Add 2021 H 20
		AHASSEE, FL	CALLER OF THE CA
			_ □Remove
			Character 1

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Effective date, if other than the date of filing: (optional) (if an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 ord is filed. Dated MARCH 4TH 2024 Signature of a pember or authorized proposeurality of a pomber.						
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