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## **.COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: HOMES PRICED RighT 11C.  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:
Stuart M LEDIS Name of Person
HOMES Priced PIGHT, LLC
3500 MiliTARY TRAIL-22-143
City/State and Zip Code  OKVENTURES  Aol. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
STUART MLEDIS at (56) 7/87/62  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

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** 

HOMES PRICED	R11-14T, 12C.
	y Company as it now appears on our records.) Limited Liability Company)
the Articles of Organization for this Limited Liability Collorida document number <u>240000</u> 76	ompany were filed on Feb. 12,2024 and assigned
this amendment is submitted to amend the following:	
. If amending name, enter the new name of the limit	ted liability company here:
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRI	ESS)
inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
s. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
Name Descriptional Office Address	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address . Florida

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, 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
AMBR	Melissa Ledis	13611 PARKCREST BLVD.	DAdd
		APT 1216, FORT MYFR	∑ □Remove
		FLORIPA 339/2	□Change
			□Add
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<u>e:</u> If the		his block does:	not meet the ap	plicable statutor	ng or more than 90 ry filing requirer		Pursuant to 605.020 will not be listed a
ord spe filed.	cifies a delayed et	fective date, bu	t not an effecti	ve time, at 12:01	l a.m. on the ear	ier of: (b) The	e 90th day after the
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