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TO:

Registration Section

Division of Corporations Arena Lifestyle 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: Emily R. Arena Name of Person Arena Lifestyle Homes LLC Firm/Company 10565 Zigler Avenue Address Hastings, FL. 32145 City/State and Zip Code arenalifestylehomes@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jasmin A. Ezelle Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee **■** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Arena Lifestyle Homes LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Co Florida document number <u>L24000143938</u>	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		16.7
(Principal office address MUST BE A STREET ADDR	<u></u>	
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Enter new mailing address, if applicable:		;
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(Mailing address MAY BE A POST OFFICE BOX)		1.2
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	er all and a second and a	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	s
	, Flo	orida
	City	Zip 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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Edgar A. Ezelle	10565 Zigler Avenue Hastings FL 32145	■Add
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refrective date is listed, the date must be te: If the date inserted in this block	specific and cannot be prior to date of fill does not meet the applicable statute	ling or more than 90 days after filing.) Pursuant to 605.020 ory filing requirements, this date will not be listed a
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October 18	2024	
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