Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000239281 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARIMIR SERVICES GROUP LLC

Account Number : I20200000022 Phone : (305)298-6579

Fax Number : (305)643-5225

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: DEYANIRE @ MY BURS. NET

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SALMON HOMES GROUP L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

Electronic Filing Menu Corporate Filing Menu

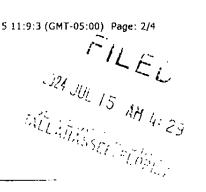
Help

K. SALY

JUL 15 2024

2024-7-15 11:9:3 (GMT-05:00) Page: 2/4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	IOMES GROUP L.L.C.	
(<u>Name of the Limited Lin</u> (A Flo	ability Company as it now appears on our records, order Limited Liability Company)	ð
The Articles of Organization for this Limited Liabilit Florida document number <u>L24000165491</u>		and assigned
This amendment is submitted to amend the following	g :	
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 AL		
to a superior of a policy black	.,	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, enter (
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	3
_	, Flo	orida
	City	гір Соас

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 nerson being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MONICA T. PRIETO ROA	9989 SHADOW CREEK DR ORLANDO, FL 32832	□Add
			■Remove
			[]Change
		EAddy -	
			EAdd Change III
		_ Clehange	
			_DAdd3 3
			l]]Remove
			Change
			□Remove
			DChange
			□Add
			Remove
			Change
			□Add
			□Remove □Change

H24 000 23 9 281 3

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
-		
_		
		. ;
_		
_		(F.)
-		
_		
_		
_		
-		
-		
-		
-		
(ir an en Note:	ive date, if other than the date of filing:	.0207 (3)(b) ed as the
he recor ord is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after led.	the
Dated	July 10 . 2024	
	Signuture of a member or authorized representative of a member	