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TO: Registration Section

Division of Co	rporations		
SURJECT: CLARION	HOME SERVICES, LLC		
30bbc1.	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub	ū	
Please return all correspo	ondence concerning this matter	to the following:	
	SHANE CURTIS		
		Name of Person	
	CLARION HOME SERV	ICES, LLC	
		Firm/Company	~ >
	7901 4TH ST N, STE 300		
		Address	· ; .
	ST PETERSBURG, FL 33	3707	
	STIETENSBORG, TE 3	City/State and Zip Code	
	info@clarionhomeservices		fication)
	E-mail address: (to be used for future annual report notif	fication)
For further information c	concerning this matter, please c	all:	
SHANE CURTIS		at (352) 781-1900 Area Code Daytime	
Name o	rf Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	45
Registration S Division of C		Registration Sec Division of Con	
P.O. Box 632	•	The Centre of T	
Tallahassee, l	FL 32314	2415 N. Monroo Tallahassee, FL	e Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLARION HOME SERVICES, I.				
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited I Florida document number <u>L24000190870</u>	Liability Compan	y were filed on <u>04/23/202</u>	4 and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lial	bility company here:		
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE.	<u>ET ADDRESS)</u>			
			~	
Enter new mailing address, if applicable:		11100 SW 93RD COU	RT RD	
(Mailing address MAY BE A POST OFFICE BOX)		SUITE 10-133	<u> </u>	
		OCALA, FL 34481		
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our records,	enter the name of the new registers	
Name of New Registered Agent:	SHANE CUR	TIS		
New Registered Office Address:	7901 4TH ST	N, STE 300		
-		Enter Florida street address		
	ST PETERSB	URG	, Florida <u>33702</u>	
		City	Zıp 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
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ffective date if oth	er than the date of filing:			(optional)	
an effective date is lister	I, the date must be specific and cannot ted in this block does not meet the	t be prior to date of filit	ng or more than 90 day	ys after filing.) P	ursuant to 605.9207 If not be listed as t
ocument's effective d	ate on the Department of State's	records.			
	ayed effective date, but not an eff	ective time, at 12:01	a.m. on the earlier	of: (b) The S	Oth day after the
d is filed.		,			
	LY 2.20	24			
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Dated 30 JU	Signature of a membe	(\mathcal{M})			