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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 : PAGIO'S & ASSOCIATES, LLC

Account Number: I20100000043 Phone

: (305)397-8553

Fax Number

: (305)397-8521

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BUSINESS HOMES, LLC** 

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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## **COVER LETTER**

TO: Registration 8 Division of Co			
		ess homes, LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	BLA	ANCA L. PONCE OVANDO	
		Name of Person	
		BUSINESS HOMES, LLC	
		Firm/Company	· · · · -
		2837 PIERR STREET	
		Address	
		DAVENPORT, FL 33837	
		City/State and Zip Code	<del>-</del>
		ESSHOMESLLC@GMAÏL.	
		to be used for future annual repo	ort notification)
For further information	concerning this matter, please c	all:	
BLANCA L. P	ONCE OVANDO	+591 at ()	70718699  Daytime Telephone Number
Name	of Person	Area Code I	Daytime Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	<ul> <li>\$55.00 Filing Fee &amp; Certified Copy (additional copy is enclosed</li> </ul>	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (**dditional copy is enclosed)
Mailing Addre	<del></del>	Street Addr. Registratio	
Registration Division of (		Registratio Division o	n Section f Corporations
P.O. Box 633			of Tallahassee
Tallahassee,	FL 32314	2415 N. M	onroe Street, Suite 810

Tailahassee, FL 32303

Oct. 30.42024 | 4:45PM

## 

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUZINEZZ HO	OMES, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on Liability Company)	our records.)	
he Articles of Organization for this Limited Liability Company lorida document number		05/16/2024	and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
ne new name must be distinguishable and contain the words 'Limited Liabi	lity Company," the design	ation "LLC" or the	e abbreviation "L.L.C."
nter new principal offices address, if applicable:	2837 PIERR STREE	?T	
Principal office address MUST BE A STREET ADDRESS)	DAVENPORT, FL	<del>_</del>	
		<u> </u>	2024
Inter new mailing address, if applicable:			00.7 3
Mailing address MAY BE A POST OFFICE BOX)			70 70
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, <u>enter the n</u>	ame of the ned egister
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	rees address	
		Florida	
·	City		2in 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.

Oct. 30, 2024 1:16fM H240CNo. 1304 865 3
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	SUAREZ PONCE, CAROLINA	233 JEFFERSON ST 1L	<b>=</b> Add
		BROOKLYN, NY 11237	□Remove
			\ \tau \\ \tau \ \tau \\ \tau \ \tau \\ \tau \ \tau \\ \tau \ \tau \\ \tau \ \tau \\ \tau \ \tau \\ \tau \ \tau \ \tau \\ \tau \ \tau \ \tau \ \tau \ \tau \ \tau \\ \tau \ \tau \ \tau \ \tau \\ \tau \ \tau \\ \tau \ \tau \ \tau \\ \tau \ \tau \ \tau \ \tau \\ \tau \ \tau \\ \tau \\ \tau \
MGR	PONCE OVANDO, PATRICIA X.	10258 LATNEY RD	_ • Add
		FAIRFAX, VA 22032	□Remove
			□Change
<u></u>			□Add
			□Remove
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Effective	date, if other than the date	of filing:	0/29/2024	(optional)	
lf an effectiv	ve date is listed, the date must be sp	ecific and cannot be prior to	o date of filing or more the	an 90 days after filing.) Pursuant to 605 uivements, this date will not be list	5.0207 (
document'	ne date inserted in this block do 's effective date on the Departn	nent of State's records.	oie grannory ming redi	uxements, this date will not be list	EU NS 1
	•				
e record so	secifies a delayed effective date	but not an effective tim	ne. at 12:01 a.m. on the	e earlier of (b) The 90th day after	r the
rd is filed.	volities a delay en allada la como	, 00, 110, 110, 011, 011, 011, 011, 011	, 12.01 4	, <del>,</del>	
Dated	OCTOBER 29	2024			
	- F	Clausal Donce			
	<u>D</u> Bland	DATION L. TOTOE V Da L. Ponce Ovando (Oct 29, 2024 1:	<u>V W / W U                                </u>		
	Signa	ture of a member or author	ized representative of a n	nember	
		DI ANICA I DO	NED OVANDO		
		BLANCA L. PO			
		r Aberrot bringer	THERE OF ZIEIEE		

Filing Fee: \$25.00