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(Requestor's Name)	
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COVER LETTER

	ision of Cor					
CHDICT.	Homes by S	Sophia LLC				
SUBJECT:		Name of Lim	ited Liability Compan	y	=	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Osvaldo J. Casillas Bellavi	sta			
			Name of Person	n		
		Homes by Sophia LLC				
			Firm/Company	;		
		828 NW 37TH AVE				
			Address	 	<u>_</u>	
		CAPE CORAL, FL 33993				
			City/State and Zip (Code		
		HOMESBYSOPHIAFLLLC	-			
		E-mail address: (to be used for future a	nnual report not	fication)	
For further in	nformation c	oncerning this matter, please ca	all:			
OSVALDO	J. CASILLA	s	239	2883397		
	Name o	f Person	at (at Code	Daytin	e Telepho	one Number
Enclosed is a	e check for th	ne following amount:				
≅ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Copy (additional copy	py		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S			et Address: gistration Se	ction	
		orporations	Div	ision of Co	rporatio	
	D. Box 632			e Centre of T		
Tallahassee, FL 32314			241	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOMES BY SOPHIA LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our r da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on 6/7/2024	and assigned
lorida document number 1.24000261023		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company." the designation	"L1.C" or the abbreviation "L.1.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADD</u>	ORESS)	
		<u> </u>
		.
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		•
3. If amending the registered agent and/or register	ed office address on our records, e	nter the name of the new regi
gent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	uldress
<u>-</u>		Florida Zin Code
	City	гір Соае

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>	<u>Address</u>	Type of Action
MGR	RITA M. BELLAVISTA	2206 NW 9TH PL. CAPE CORAL, FL 33993	= Add
			□Remove
			□Change
MGR	OSVALDO CASILLAS CASTRO	2206 NW 9TH PL, CAPE CORAL, FL 33993	≣Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing:		
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated AUGUST 12TH		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated AUGUST 12TH		
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Dated AUGUST 12TH 2024	Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
Mario D. Sattan		
Mario D. Sattan	Dated	AUGUST 12TH 2024
Signature of a memoer or authorized representative of a memoer		10mm a removed

Filing Fee: \$25.00