

7/25/24, 10:03 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L241000322198**

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H2400025166234EC

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To:

Division of Corporations  
Fax Number : (850)617-6363

From:

Account Name : EXPAT CONSULTING CORP.  
Account Number : 120190000096  
Phone : (407)745-1112  
Fax Number : (407)641-8083

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

Email Address: ACC@EXPATCONSULTING.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CHB2 HOME BUILDING LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 06      |
| Estimated Charge      | \$25.00 |

M. SOLOMON  
JUL 25 2024

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Corporate Filing Menu

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: CHB2 HOME BUILDING LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

SILVIA FREGNI

\_\_\_\_\_  
Name of Person

EXPATCONSULTING CORP

\_\_\_\_\_  
Firm/Company

8615 COMMODITY CIRCLE, STE 11

\_\_\_\_\_  
Address

ORLANDO - FL - 32819

\_\_\_\_\_  
City, State and Zip Code

SILVIA@EXPATCONSULTING.COM

\_\_\_\_\_  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

SILVIA FREGNI

407

7451112

at \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHB2 HOME BUILDING LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/19/2024 and assigned  
Florida document number L24000322198.

This amendment is submitted to amend the following:

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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.*

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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>       | <u>Type of Action</u>                   |
|--------------|---------------|----------------------|-----------------------------------------|
| MGR          | LEAL, ADRIANO | 7939 CORNFIELD AVE   | <input checked="" type="checkbox"/> Add |
|              |               | ORLANDO - FL - 32832 | <input type="checkbox"/> Remove         |
|              |               |                      | <input type="checkbox"/> Change         |
|              |               |                      | <input type="checkbox"/> Add            |
|              |               |                      | <input type="checkbox"/> Remove         |
|              |               |                      | <input type="checkbox"/> Change         |
|              |               |                      | <input type="checkbox"/> Remove         |
|              |               |                      | <input type="checkbox"/> Change         |
|              |               |                      | <input type="checkbox"/> Add            |
|              |               |                      | <input type="checkbox"/> Remove         |
|              |               |                      | <input type="checkbox"/> Change         |
|              |               |                      | <input type="checkbox"/> Add            |
|              |               |                      | <input type="checkbox"/> Remove         |
|              |               |                      | <input type="checkbox"/> Change         |
|              |               |                      | <input type="checkbox"/> Add            |
|              |               |                      | <input type="checkbox"/> Remove         |

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

FAIR HARBOR, FLORIDA

SECRETARY OF STATE  
WASHINGTON, D.C. 20520

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DE

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated ORLANDO, 25 JULY, 2024

X \_\_\_\_\_  
Signature of a member or authorized representative of a member

Yonkers, N.Y.

Typed or printed name of signee