9/10/2024 02:06:31 PDT To: 18506176383 Page: 1/4 Fax: 8134365206

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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

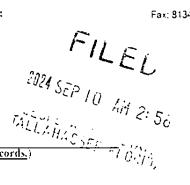
## : LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **MYHOMEIMAGE359 LLC**

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

SEP 1 1 2024

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MYHOMEIMAGE359 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 Con	mpany were filed on	24 and assigned
Florida document number L24000359000		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here	
The new name must be distinguishable and contain the words "Limited	d Liabitity Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u> </u>	
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent:	ffice address on our reco	rds, enter the name of the new registered
Name of New Registered Agent.		
New Registered Office Address:	Finter Florida	street address
	Cuv	, Florida Zip Code
New Registered Agent's Signature, if changing Registered A	·	<i>34</i> 2
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	d agree to act in this cap uplete performance of my nt as provided for in Cha	duties, and I am familiar with and pier 605, F.S. Or, if this document is
ī	If Changing Registered Agent	Signature of New Registered Agent

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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>	Name	<u>Address</u>	Type of Action
AMBR	LaRocca, Antonio	7901 4TH ST N STE 300	≝Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
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Effective date, if other than t (If an effective date is listed, the date i Note: If the date inserted in this document's effective date on the	ust be specific and cannot be pric block does not meet the appli	cable statutory filing		g.) Pursuant to 605,0207 (3)(b
he record specifies a delayed effectord is filed.	ive date, but not an effective	time, at 12:01 a.m. or	the earlier of: (b)	he 90th day after the
Dated Sept 10	2024	·		
Rollin	Signature of a member or auth			
Sant Care and Sant				