L24000424624

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dushiess Endly Name)
(Document Number)
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AFFORDABLE & BEYOND REI		
(Name of the Lim	ited Liability Company as it now appears on our (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited I	Liability Company were filed on 10/01/202	4 and assigned
lorida document number L24000424624	^	
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)	
	•	
Inter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	<u></u>	·
		(2)
3. If amending the registered agent and/or	registered office address on our records	enter the name of the new register
gent and/or the new registered office addr	ess here:	اسيسار (۱
No. 20 (No. 1) Designated Agents	SHERRI COURTER ONEAL	
Name of New Registered Agent:		
New Registered Office Address:	7320 FOX HOLLOW DRIVE	
	Enter Florida stree	• • •
	PORT RICHEY	Florida <u>34668</u>
	City	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.

Men 14the Couter Bred 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
P	DONALD ONEAL SR	7320 FOX HOLLOW DRIVE	□Add
		PORT RICHEY FL 34668	□Remove
			■ Change
VP SHERRI COURTER ONEAL	SHERRI COURTER ONEAL	7320 FOX HOLLOW DRIVE	□Add
		PORT RICHEY FL 34668	□Remove
			■Change
			🗀 Add
			🗆 Remove
			☐ Change
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		<u></u>	
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 ______ . ____ Signature of a member or authorized representative of a member Sherri Lynne Courter Ones

Filing Fee: \$25.00