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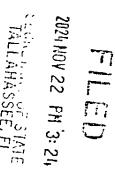
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	ANOS AND HOUR RENAME OF LIM	SICIPALID ///C ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Luci	S OWENT Name of Person	
	Hairus and I	LNEN RESIDENTIAL, LLC	
	2830 (10wn Po	INF D(. Address	
	,	City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	all:	
JUGS (I) Name o	NPILO f Person	at (407) 538- Area Code Daytin	me Telephone Number
Enclosed is a check for the	ne 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	FILED
Haines and Have	, Residential	2021. 4004
( <u>Name of the Limite</u>	ed Liability Company as it now appears on o (A Florida Limited Liability Company)	2024 1104 22 PH 3: 25
The Articles of Organization for this Limited Li Florida document number $22400430024$	ability Company were filed onN\(\mathcal{N}\)	13, 2024 TALLA and assigned TE
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u></u>	
	<del></del> -	
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our record s here:	s, enter the name of the new registered
Name of New Registered Agent:	Lucas Oliveira	
New Registered Office Address:	_ 2830 (rown Point [	)(
	Enter Florida str.	, Florida <u>3</u> 3844
	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.

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>	Address	Type of Action
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_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
e recor rd is fil	d 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 ed.
Dated <sub>.</sub>	NW 20 . 2021
	Signature of a member or authorized representative of a member
	Liver all Dun

Filing Fee: \$25.00