## L24000488696

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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## **COVER LETTER**

TO:

TO: Registration So Division of Cor			
Gerdera Ho	ome LLC		
SUBJECT:	Name of Lim	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:	
	Bostjan Gerden		
		Name of Person	
		Firm/Company	<u></u>
	820 NE 24th Lane Unit 11		
	Cape Coral, FL 33909	Address	
		City/State and Zip Code	
	Gerden(&Gerdera.com	City/oute and Pap Code	
	E-mail address: (	to be used for future annual report no	tification)
For further information c	concerning this matter, please c	all:	•
Bostjan Gerden		239 823-4511 at ()	
Name o	d Person	Area Code Daytii	ne Telephone Number .
Enclosed is a check for the	he following amount:		-
<b>■</b> \$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)
<u>Mailing Addres</u> Registration !		Street Address: Registration So	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gerdera Home, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
ne Articles of Organization for this Limited Liability Company	were filed on 11/19/2024	and assigned
orida document number 1.24000488696		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ierdera Homes, LLC		
e new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
nter new principal offices address, if applicable:	820 NE 24th Ln, Unit 110	
Principal office address MUST BE A STREET ADDRESS)	Cape Coral, FL 33909	
nter new mailing address, if applicable:	820 NE 24th Ln, Unit 110	
<u> 1ailing address MAY BE A POST OFFICE BOX)</u>	Cape Coral, FL 33909	, ,
If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, <u>enter the r</u>	iame of the new registo
New Registered Office Address.	Enter Florida street address	<del></del>
	, Florida	
<del></del>	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>	Name	Address	Type of Action
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			□Remove
			☐ Change
			□Add
			□Remove
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ffective date, if other than the can effective date is listed, the date must fate: If the date inserted in this bloocument's effective date on the Department of the date in the date of the date of the Department of the date of the dat	ck does not meet the applie:	able statutory filing requ	(optional) an 90 days after filing.) Pursua pirements, this date will no	int to 605.0207 ( of be listed as t
record specifies a delayed effective Lis filed.	date, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th (	day after the
ated November 21	. 2024	- <i>∧</i>		
ated	•	- And	N	
atea	Signature of a member or author	orized representative of a n	nember	

Filing Fee: \$25.00