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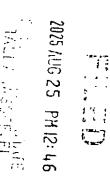
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| Special Instructions to Filing Officer: |
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COVER LETTER *

TO:

| | istration Se ision of Cor | | |
|----------------|------------------------------|--|---|
| SUBJECT: | 13480 DRY | SDALE AVE LLC | • |
| SUBJECT | | Name of Lim | ited Liability Company |
| The enclosed | l Articles of | Amendment and fee(s) are sub | mitted for filing. |
| Please return | all correspo | ndence concerning this matter | to the following: |
| | | ANTONIO LEON | Name of Person |
| | | | |
| | | 1629 NW 79TH AVE. | Firm/Company |
| | | | Address |
| | | DORAL, FL 33126 UN | |
| | | | City/State and Zip Code |
| | | ANTONIO@SUNHOMEB | to be used for future annual report notification) |
| For further in | iformation c | oncerning this matter, please ca | |
| ANTONIO I | LEON | | 813 4849460 at () |
| | Name o | f Person | Area Code Daytime Telephone Number |
| Enclosed is a | check for th | ne following amount: | |
| □ \$25.00 F | filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) |
| | iling Addres | | Street Address: Registration Section |
| | | orporations | Registration Section Division of Corporations |
| P.C |). Box 632 | 7 | The Centre of Tallahassee |
| Tal | lahassee, F | FL 32314 | 2415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

13480 DRYSDALE AVE LLC

2025 AUG 25 PM 12: 46

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) VALI JAK The Articles of Organization for this Limited Liability Company were filed on $\frac{03/26/2025}{1}$ and assigned Florida document number L25000146680 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

_, Florida _

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 |
|--------------|-----------------------|---------------------------------------|----------------|
| AMBR | SUN HOME BUILDERS LLC | 1629 NW 79TH AVE, DORAL, FL 33126 UN | □Add |
| | | <u> </u> | ■Remove |
| | | | □Change |
| AMBR | ANTONIO LEON | 1629 NW 79TH AVE, DORAL, FL 33126 UN | = Add |
| | • | | □Remove |
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| `an efi <u>iote:</u> | (optional) fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
| recor l is fi | rd 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 led. |
| ated | AUGUST 19 2025 |
| | 1 P V |
| | Signature of a member or authorized representative of a member |
| | |
| | ANTONIO LEON |