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SECRETARY OF STATE WE SECRETARY OF STATE WE

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P.O. Box 6327

Tallahassee, FL 32314

TO: Amendment Section

COVER LETTER

Division of Corporations NAME OF CORPORATION: LPI Residential, Inc. DOCUMENT NUMBER: P05000055440 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Thomas E Lewis Name of Contact Person LPI Residential, Inc. Firm/ Company 665 Antone St NW Address Atlanta, GA 30318 City/ State and Zip Code accounting@lpiholdings.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (678) 505-0115

Area Code & Daytime Telephone Number Madison Palomba Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$43.75 Filing Fee & 🛢 \$43.75 Filing Fee & □ \$35 Filing Fee □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Admitional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

LPI Residential, Inc.

LPI Residential, Inc.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P05000055440	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Ilorida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	665 Antone St NW
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Atlanta, GA 30318
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	. Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Reg	gistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e	e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	COO	Thomas E Lewis Jr	984 Foxeroft Rd NW
X Add			Atlanta, GA 30327
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
-			
Add			
Remove			
6) Change		_	·
Add			· - · · · · · · · · · · · · · · · · · ·
Remove			

Attach additional sheets,	if necessary). ((Be specific)				
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f an amendment provide provisions for implemen	es for an exchang	ment if not co	ation, or cancen ntained in the a	<u>ation of issued</u> mendment itsel	<u>snares,</u> If:	
(if not applicable, inc	dicate N/A)	THE THE TAX CO	The transfer of the transfer o	THE TOTAL TOTAL	····	
						
				···-		

• July 28, 2022	
The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
July 28, 2022	
Effective date if applicable:	
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requiremen document's effective date on the Department of State's records.	ts, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without sharely action was not required.	older action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the am by the shareholders was/were sufficient for approval.	iendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment.	ng statement nt(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
July 28, 2022	
DatedDocuSigned by:	
2/2 2/1	
Cianatura	
Signature	not been
selected, by an incorporator – if in the hands of a receiver, trustee, or	
appointed fiduciary by that fiduciary)	other court
Thomas Lewis	
Docusion Typed or printed name of person signing)	
1/ = P	
- hand	
(Title of person signing)	
(Title of person signing)	