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Amend

MAY 1 8 2020 I ALBRITTON

	Registration Sect Division of Corpo			
SUBJEC	CT:		tomeStead ited Liability Company	Properties LLC
The encl	osed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspon	dence concerning this matter	to the following:	
			Joseph Tor	re
		America	n Homestead Firm/Company	Properties LLC
		<u>10340 Hill</u>	top Drive	
		New A	Richey City/State and Zip Code	FL 34654
		Contact E-mail address: (Ahos Egm to be used for future annual re	eport notification)
For furth	er information co	ncerning this matter, please ca	all:	
<u>En</u>	nest Not	Person	at (<u>727</u>) Area Code	815-2046 Daytime Telephone Number
Enclosed	is a check for the	following amount:		
\$25.	00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
	Mailing Address: Registration Se Division of Co	ection	_	dress: tion Section of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

American I	tomestead Properties LLC
(Name of the Limited Liability	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>03 /16 /2018</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new reg
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 wi provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
mer	Joseph Tosse	13639 Woodside Dr	□Add
		Hudson, FL 34667	Remove
			Change
			□Remove
			□Change
			🗆 Add
			Remove
			□Change
			□Add
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	- <u></u>		🗆 Add
			□Remove
			□Change

Note:	tive date, if other than the date of filing:
f the reco	ord 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 filed.
Dated	1 April 201 . 2020.
	The state of the s
	Signature of a member or authorized representative of a member
	Joseph Torre Typed or printed name of signee
	Typed or printed name of signee

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