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2019 JUL -5 PH 3: 0

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## **COVER LETTER**

Florida Homes Sales Realty, L.L.C. SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Alaric kennedy Name of Person Kennedy Global Business Network, L.L.C Firm/Company 8019 Triump Lane Address Jacksonville, Florida 32244 City/State and Zip Code alarickennedy@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alaric Kennedy 495-5163 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

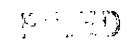
TO:

Registration Section
Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION **OF**



Florida Homes Sales Realty, L.L.C

2019 JUL -5 PH 3: 08

(Name of the Limited Liability Com	pany as it now appears on our records.) d Liability Company)	· ·
-	d Liability Congany)	• : 1.
The Articles of Organization for this Limited Liability Compar	ny were filed on 10/24/2018	and assig
Florida document numberL18000250041		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
Florida Home Sales Realty, L.L.C		
The new name must be distinguishable and contain the words "Limited Lia	hility Cormany " the decimation "LL" as the	ubbraviation 21.1.7
The new name mast be distinguishable and contain the words. Entired Lis	· · · · · · · · · · · · · · · · · · ·	
Enter new principal offices address, if applicable:	NIH	
(Principal office address MUST BE A STREET ADDRESS)		
		-
Enter new mailing address, if applicable:	N/13	
• • • •		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>ente</u>	er the name of
registered agent and/or the new registered office address no	<u></u>	
N	11/1	
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
Enter Florida street address		<del></del>
	, Florida	
<del></del>	, Piorida _	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<b>t</b> ·	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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.

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
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et e:	five date, if other than the date of filing:  [coptional]  [coptional]
e	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.
ed	Trly I 2019.
	Alex Florida
	Signature of a member or authorized representative of a member
	Alaric Kennedy
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00