h15000173483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

APR 04 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

-4 AM 11:
SECRETARY OF ST
TALLAHASSEE, F

March 8, 2022

PETER BROWN
2202 N WESTSHORE BLVD
STE 200
TAMPA, FL 33607

SUBJECT: SECUREVEST REALTY, LLC
Ref. Number: L15000173483

We have received your document for SECUREVEST REALTY, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L22000060939.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 622A00005478

RECEIVED
2022 APR -4 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FL

SUBJECT: Articles of Amendment for document # L15000173483

Date: 3/24/22

To whom it may concern:

I am the owner of **Spec Home Realty, LLC** and give the Florida State Division of Corporations permission to use this name with the attached articles of amendment application.

I will not reinstate the dissolved entity document # **L22000060939**.

Thank you for your cooperation.

Regards,

Peter M Brown

Broker/Owner

Securevest Realty, LLC

2202 N Westshore Blvd. Ste 200

Tampa, FL 33607

# COVER LETTER

**TO:** **Registration Section**
**Division of Corporations**

**SUBJECT:** Securevest Realty,LLC Name Change Request
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:

Peter M Brown
Name of Person

Securevest Realty, LLC
Firm/Company

2202 N Westshore Blvd. Suite 200
Address

Tampa, FL 33607
City/State and Zip Code

reallion247@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter M Brown at (813) 810-1106
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

- ■ $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)

**Mailing Address:**
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address:**
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

FILED
2022 APR -4 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FL

Securevest Realty, LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/12/2015 and assigned Florida document number L15000173483.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Spec Home Realty, LLC

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)***

**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:**

Name of New Registered Agent:

New Registered Office Address:
*Enter Florida street address*

*City*, **Florida** *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

| Title | Name | Address | Type of Action |
|---|---|---|---|
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| | | _____ | ☐Change |
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| | | _____ | ☐Change |
| _____ | _____ | _____ | ☐Add |
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| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| | | _____ | ☐Change |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

**E. Effective date, if other than the date of filing: _____ (optional)**

(If an effective 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated February, 6 2022

Signature of a member or authorized representative of a member

Peter M Brown

Typed or printed name of signee

**Filing Fee: $25.00**