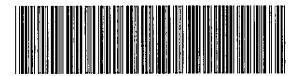
## L15000173483

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

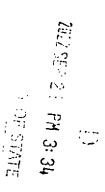
Office Use Only

A. RIVERS
DEC 1 9 2022



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09/28/22--01069--020 **\*\***25.00



## **COVER LETTER**

ТО:	Registration So Division of Cor			•
SURIE	SPEC HON	ME REALTY LLC		
,,(),	N-1	TE REALTY LLC  Name of Lin	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		PETER M BROWN		
			Name of Person	
			Firm/Company	<del></del>
		2202 N WESTSHORE BL	VD STE 200	
			Address	
		TAMPA, FI. 33607		
		PETER,BROWN@BUILD	City/State and Zip Code ERSLOTSOURCE.COM to be used for future annual report note.	fication)
For fun	ther information c	oncerning this matter, please o	·	
PETER	BROWN		813 810-1106 at ( )	
	Name o	f Person	at () Area Code Daytimo	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>≅</b> \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

SPEC HOME REALTY, LLC

(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	ility Company were filed on 10/12/2015 and assigned
Florida document number L15000173483	
This amendment is submitted to amend the followi	ing:
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:
INTELLIHOME REALTY LLC	
The new name must be distinguishable and contain the word	s "Umited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	
manag unaress MIT DE MI (A) FOTTEL DO	<u></u>
B. If amending the registered agent and/or regis agent and/or the new registered office address h Name of New Registered Agent:	stered office address on our records, <u>enter the name of the new register</u> e:
New Registered Office Address:	
in the gisterest of the Francisco.	Enter Florida street address
	Florida
_	City Zip Code
New Registered Agent's Signature, if changing Regi	
provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am funities with and red agent as provided for in Chapter 605, F.S. Or, Hithicancument is istered office address. I hereby confirm that the limited habilityinge.
	If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
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Effect	ive date, if other than the date of filing:  9/19/2022  (optional)  ective 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 (
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ent's effective date on the Department of State's records.
Note: docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
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Filing Fee: \$25.00