L03000007999

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04/20/15--01011--011 **25.00



M. MILLIGAN EXAMINER

MAY -4 2015

COVER LETTER

TO:	Registration S Division of Co			
CHD IE	Home R	un Innovations LLC.		
SUBJE	UI:	Name of Lim	ited Liability Company	
		f Amendment and fee(s) are sub ondence concerning this matter	-	
		Steve Woody		
			Name of Person	
		Home Run Innovation	ons	
			Firm/Company	
		35153 Meadow Rea	ch Drive	
			Address	
		Zephyrhills, Florida	33541	
			City/State and Zip Code	
		homeruninnovations	@gmail.com to be used for future annual report notifi	cation)
For furtl	ner information	concerning this matter, please c	•	·
Steve	Woody		813 919-5855	
•	Name	of Person		Telephone Number
Enclose	d is a check for t	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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Home Run Innovations 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 Compa	any were filed on $\frac{03/05/2003}{1}$	and assigned
Florida document number L0300007999		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and end with 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	<u> </u>	
Enter new mailing address, if applicable:	35153 Meadow Rea	ch Drive
(Mailing address MAY BE A POST OFFICE BOX)	Zephyrhills, Florida	33541
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		ords, <u>enter the name of the new</u>
New Registered Office Address:		
New Registered Office Address.	Enter Florida street ad	dress
		, Florida
		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of my duties as provided for in Chapter 60	s, and I am familiar with and 05, F.S. Or, if this document is
160	Changing Registered Agent, Signat	ure of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Add
			□ Remove
			5 D Add
			□ Add Remove
			D'Add
			□ Remove
			☐ Remove
			□ Add
			Remove

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Effective date, if other than the	he date of filing: (optional)
Effective date, if other than the effective date must be specific, or the date this document is filed by the	he date of filing: (optional) unnot be prior to date of receipt or filed date and cannot be more than 90 days after Florida Department of State)
the date this document is filed by the	the date of filing:(optional) unnot be prior to date of receipt or filed date and cannot be more than 90 days after Florida Department of State)
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the date this document is filed by the	he date of filing:

Page 3 of 3

Filing Fee: \$25.00

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