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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	es of Status
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**J SHIVERS** 

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	dame.	FICE BUSINESS GROUP, LL	С	
SOBJE	C1	Name of Limi	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	endence concerning this matter	to the following:	
		DEREK MOSES		
			Name of Person	
		HOME OFFICE BUSINES	SS GROUP, LLC	
			Firm/Company	
		3300 S. DIXIE HWY., STI	ΕΙ	
			Address	
		WEST PALM BEACH, FI	. 33405	
			City/State and Zip Code	
		STORE1226@THEUPSST		
		E-mail address: (	to be used for future annual report notifi	cation)
For furt	her information c	oncerning this matter, please ca	all:	
DEREK	K MOSES		at ()at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	he 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 OFFICE BUSINESS GROUP, LLC				
( <u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)			
The Articles of Organization for this Limited Liability Comp	pany were filed on 30 JANUARY, 2004	a	nd ass	signed
Florida document number L04000010138				
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 contain the words "Limited	Liability Company," the designation "LLC" or the	he abbreviat	ion "L.	L.C."
Enter new principal offices address, if applicable:		<del>yfit</del> t.		
(Principal office address MUST BE A STREET ADDRES.	(5)		<u>بر</u>	
Trincipal Office and ess in Cost DE A Grand Tipones	<u> </u>	<u>کې ځو</u>	¥	T. Augustia
		- Table	<u> </u>	CONTRACT.
		85E	5	-
Enter new mailing address, if applicable:		<u> </u>	230	3,465
(Mailing address MAY BE A POST OFFICE BOX)			Ξ	FEMORES E
		<b>A</b> I.	2	Total State C
		9	1,40	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		iter the n	<u>iame</u>	of the ne
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florid:			
	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 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	<u>Name</u>	Address	Type of Action
MGRM	CALVIN H CHANDLER, JR. LIVING	6639 E. CALUMET CIRCLE	□ Add
		LAKE WORTH, FL 33467	■ Remove
			☐ Change
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fan effectiv <b>Note:</b> If th	date, if other than the date is listed, the date in listed, the date in this last effective date on the last effective date.	ust be specific and block does not n	I cannot be prior to neet the applicat	date of filing or mole statutory filing	ore than 90 days after g requirements, thi	filing.) Pursu	ant to 60 ot be lis	05.0207 ( sted as t
	Lancaifina n dolous	ad affaabiya a		an affactive t	ima			l: <b>.</b>
	specifies a delaye th day after the re			an errective t	ime, at 12:01	a.m. on tr	e ear	lier of:
Dated 14 I	MAY		2015	_ ·				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00