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(((H22000172128 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ASMA & ASMA, P.A. Account Number : I20060000067 Phone : (407)656-5750

Fax Number : (407)656-0486

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN D T HOME PROPERTIES, LLC

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## ARTICLES OF AMENDMENT, TO ARTICLES OF ORGANIZATION OF

	essigne	d
	assigne:	d
		_
Florida document number L04000019122		
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 abbreviation	"L1.C."	
Enter new principal offices address, if applicable:	202	
(Principal office address MUST BE A STREET ADDRESS)	. X	
	<u> </u>	_71, ≟
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Enter new malling address, if applicable: P.O. Box 1236	AH	0.0 0.77
(Malling address MAY BE A POST OFFICE BOX) Hernando, FL 34441	ċò	<u>;-</u>
	57	
B. If amending the registered agent and/or registered office address on our records, enter the name of the ragent and/or the new registered office address here:	iew reg	istered
Name of New Registered Agent:		_
New Registered Office Address:		
Enter Florida street address		
City Zie Coc	ia	

## 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

(((H22000172128 3)))
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

<u>Title</u>	Name	Address	Type of Action
M	INGRID G. MARIA VOSSEBELD	P.O. BOX 1236	
		HERNANDO, FLORIDA 34442	======================================
			□ Change
	<del></del>		
			□Remove
			Change
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			Change

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Hag	tending any other information, enter change(s) here: (Attach additional sheets, (fracessary,)
	-
	- <sub>i</sub>
li en e Nota	tive date, if other then the date of filing:  [fective date is fixed, the date must be specific and cannot be prior to date of filing or some date 90 days after filing.) Pursuant to 605.0007 (  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the control of the date on the Department of State's records.
e reco rel la t	and apocifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	5/12/2922 William.
	Signature of a manifer or authorized representative of a mamber
	ANTONIUS VAN USEN Typed of printed came of signal

Filing Fee: \$25.00