

L 07000054607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

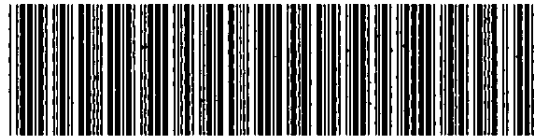
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100131679511

06/26/08--01033--027 **25.00

FILED

08 JUL 21 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

JUL 22 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOMETOWN PARTNERS LLC
(Name of Limited Liability Company)

1

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDY ALEXANDER

(Name of Person)

HOMETOWN PARTNERS LLC (dba) ALL PURPOSE INSURANCE

(Firm/Company)

P.O. BOX 531106

(Address)

ORLANDO FLORIDA 32853-1106

(City/State and Zip Code)

For further information concerning this matter, please call:

SANDY ALEXANDER

(Name of Person)

at (407) 478-3895

(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/COURIER ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

08 JUL 21 PM 2:59

June 27, 2008

SANDY ALEXANDER
P OB OX 531106
ORLANDO, FL 32853-1106

SUBJECT: HOME TOWN PARTNERS LLC.
Ref. Number: L07000054607

We have received your document for HOME TOWN PARTNERS 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):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 108A00038746

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

~~HOMETOWN PARTNERS LLC~~

Home Town Partners 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 5/23/2007 and assigned
Florida document number L07000054607.

This amendment is submitted to amend the following:

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

HOMETOWN PARTNERS LLC

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)

1226 MICHIGAN AVE

WINTER PARK FLORIDA 32789

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 531106

ORLANDO FLORIDA 32853-1106

FILED
08 JUL 21 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

JAMES R GOLDSMITH JR

New Registered Office Address:

1275 30TH AVE

(Enter Florida street address)

VERO BEACH

(City)

, Florida 32960

(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JAMES R GOLDSMITH JR	1275 30TH AVE VERO BEACH FL 32960	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ROBERT F BAUER	2871 PEACHTREE CIRCLE AUROA IL 60504	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SANDRA L ALEXANDER	424 OCOEE HILLS ROAD OCOEE FL 34761	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	WHITNEY R LANDIN	1837 POINTE WEST WAY VERO BEACH FL 32966	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

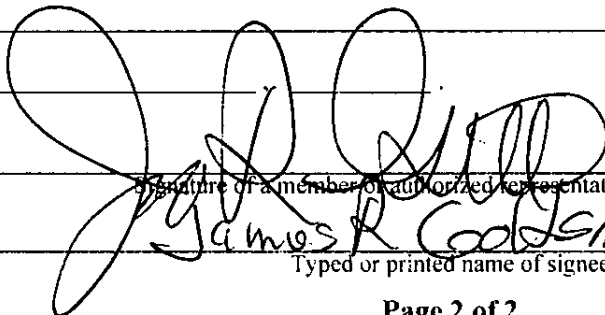
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUL 21 AM 10:17

FILED

Dated



Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00