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14 DEC 30 AH 8: 21 SECRETARY OF STATE TALLAHASSFE, FLORID

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Home and a Name of Lie	mited Liability Company	Sevile, UC
The enclosed Articles of Amendment and fee(s) are su	ubmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Jen	nife Marsh	
Home a	Malwey (m	chegeseries LU
3406 Tim	Dermond Circh Address	
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	City/State and Zip Code	
homeanda E-mail address:	tsea Q yaboo. Co: (to be used for future annual report notifi	cation)
For further information concerning this matter, please	call:	
Dennifer Marsh	at 239) 289 - 1	
Name of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the following amount:		
\$25.00 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 and aw	by White services U	رد	
Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	· -	
The Articles of Organization for this Limited Liability Co	ompany were filed on 8/31/2009 923	and assign	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit			
The new name must be distinguishable and end with the words "Lim	nited Liability Company," the designation "LLC" or the	abbreviation "L.L.C	3."
Enter new principal offices address, if applicable:	N/A See page	_3	
(<u>Principal office address MUST BE A STREET ADDR</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	· · · · · · · · · · · · · · · · · · ·	the name of 14 DE	the new
Name of New Registered Agent:		<u> </u>	E .45.9%
New Registered Office Address:		0 78 0	
	Enter Florida street address . Florida	.FL0 H 8: 2	STEERING A
	City , Florida	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u> [itle</u>	Name	<u>Address</u>	Type of Action
			D Add
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			14 SERTARY TALLAHASSE
		***************************************	ORIUM Remove
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			☐ Remove

D. II ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Ć	due to divora please change my last name from Jennifer Green to
<u>-</u>	Jennier Marsh
-	
(The effe	ive date, if other than the date of filing:
Dated	12/4/14
	Signature of a member or authorized representative of a member
	Un Er aced
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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