

LD9000080633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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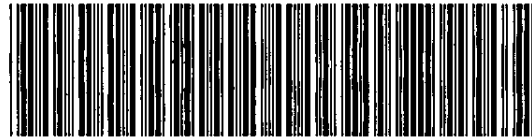
(Business Entity Name)

(Document Number)

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2016 MAY 10 P 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 11 2016

J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOMES Direct LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

MICHAEL LEE.
Name of Person

HOMES Direct LLC
Firm/Company

9353 BOLSA AVE # L 9
Address

WESTMINSTER, CA. 92683
City/State and Zip Code

MICHAELNGUYEN@CFL.YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL LEE at (321) 947-6000
Name of Person 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

FILED
2016 MAY 10 PM 2:09
TALLAHASSEE, FL 32301
SECRETARY OF STATE

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

HOMESDirect 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 August 20, 2009 and assigned Florida document number L09000080633

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9353 Bolsa AVE. #L9
WESTMINSTER, CA. 92683

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:

MICHAEL LEE.

New Registered Office Address:

801 WOODSLANDING Dr.
Enter Florida street address

Minneola, Florida
City

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.

Mailing address:

9353 Bolsa AVE. #L9
WESTMINSTER, CA. 92683

If Changing Registered Agent, Signature of New Registered Agent

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2016 MAY 10 PM 3:59
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FLORIDA
3/27/18

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MICHAEL J. LEE.	801 WOODS LANDING DR.	<input checked="" type="checkbox"/> Add
		MINNEOLA, FL 34715	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL J. LEE.	801 WOODS LANDING DR.	<input checked="" type="checkbox"/> Add
		MINNEOLA, FL 34715	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TAM T. NGUYEN	510 ORIONISTA WAY	<input type="checkbox"/> Add
		OAKLAND, FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

2018 MAY 10 P 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2018 MAY 10 P 2:59
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 24, 2016.

Signature of a member or authorized representative of a member

MICHAEL J. LEE.

Typed or printed name of signee