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S. HAWKES

OCT 1 8 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sweet Home Properties 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:
Brenda Jensen Name of Person
Firm/Company
Lele37 Pine Springs Dr
Wesley Chapel FC 33545
B. Jensen 77 & Verizon net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brenda Jensen at 813 340-1560 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\$\$30.00 Filing Fee & \$\$\$55.00 Filing Fee & \$\$\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

Sweet Hom	ve Proper	tres UC
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appea Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability (Florida document number <u>LOGOOOS</u>	• •	8/21/09 and assigned
This amendment is submitted to amend the following:	·	
A. If amending name, <u>enter the new name of the lin</u>	nited liability company he	
The new name must be distinguishable and end with the world.L.C."	ords "Limited Liability Compa	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	En	ter Florida street address
	. Florida	
· · · ·	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 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

Title Name Address Type of Action MGR MGRM rawnee. ☐ Add Remove Add CES Remove FlAdd® **⊒**Renhove . 🤃 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2016 e of a member Typed or printed name of signee

Page 2 of 2
Filing Fee: \$25.00