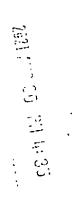
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COVER LETTER

TO: Registration Se Division of Cor			
HOMELIN SUBJECT:	E PROPERTIES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joseph	CKOSSITE Name of Person Firm/Company	(D)
	Homelin	Firm/Company	UC
	1217 Sait	Lake GND Dr. Address	ve, Ste AT.
	FORT PIFRE	FL. 34987 City/State and Zip Code	7 472-971-5893)
	Jos CRO Q E-mail address: (MSN'- Com (to be used for future annual report noti	472-971-6893.
For further information of	oncerning this matter, please co		
Charmaine Forrest		954 471-2449 at ()	
Name o	r Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOMELINE PROPERTIES LLC			
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited I		02/2010	and assigned
Florida document number L10000023610	<u> </u>		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	esignation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if appli	cable:	······	
Principal office address MUST BE A STRE	ET ADDRESS)	···	1 (2)
			-···
			,} ;∂
Inter new mailing address, if applicable:			5
Mailing address MAY BE A POST OFFICE		•	1
Manng uddress MAT BE A FOST OFFICE		· · ·	5.
	 		<u>بن</u> .
3. If amending the registered agent and/or gent and/or the new registered office addr		cords, <u>enter the nan</u>	e of the new regist
Name of New Registered Agent:	CHARMAINE FORREST	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	1049 SW PLACETAS AVE,		
	Enter Flori	da street address	
	PORT ST LUCIE	, Florida	953
	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 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 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>	Address	Type of Action
AMBR	CHARMAINE FORREST	1049 SW PLACETAS AVE,PORT ST LUCIE, FL,	
			□ Remove
			□Change
			🗆 Add
			□Remove
			□Add
			□Remove
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ffective date, if other than the da	AUGUST	Γ 23,2021	(optional)	
an effective date is listed, the date must be lote: If the date inserted in this block	specific and carried be pri	on to date or ming of mor	e than 90 days after filing.)	Pursuant to 605,0207 (will not be listed as r
ocument's effective date on the Depa				in not be fished as t
record specifies a delayed effective delayed. I is filed.	ite, but not an effective	time, at 12:01 a.m. or	the earlier of: (b) The	90th day after the
ated	2021			
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X. C	forms +			
X Sig	nature of a member or au	thorized representative o	f a member	

Filing Fee: \$25.00