## LIIOOOOOSOS

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(Ad	dress)		
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(Cit	y/State/Zip/Phon	e #)	
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## **COVER LETTER**

Division of Co	rporations		
SUBJECT:	Home Equity Guys, I	LLC	
SUBJECI;	Name of Lim	nited 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:	
		Brian Valavicius	
	<del> </del>	Name of Person	
		Home Equity Guys	
		Firm/Company	
		1825 S Division Ave	
		Address	
		Orlando, FL 32805	
		City/State and Zip Code	
		valavicius@safeguardac.com	
		to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
Brian Va	lavicius	407 371-9400 at ( )	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section

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

FILED. 2015 OCT 22 AM 10: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	HOME EQUITY	' GUYS, LLC	! METAN A.	50
( <u>Name of the Limi</u>	ted Liability Compa (A Florida Limited)	iny as it now appears ( Liability Company)	on our records.	<del></del>
The Articles of Organization for this Limited L.  Florida document number		were filed on	01/03/2011	and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here	<b>:</b>	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		1825 S Division A	ve	
		Orlando, FL 3280	5	
Enter new mailing address, if applicable:		1825 S Division A	ve	
(Mailing address MAY BE A POST OFFICE BOX)		Orlando, FL 3280	5	
B. If amending the registered agent and registered agent and/or the new registered o			our records, <u>enter</u>	the name of the no
Name of New Registered Agent:	Brian Valavicio	us		
New Registered Office Address:	1825 S Divisio		ı street address	
		Enter rioriae	i sireei aaaress	
	Orlando		, Florida <sup>32</sup>	805
		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>	<u>Address</u>	Type of Action
AMBR	Brian Valavicius	1825 S Division Ave	■ Add
		Orlando, FL 32805	Remove
			Change
MGR	Joseph Jackson	1825 S Division Ave	
		Orlando, FL 32805	■ Remove
			Change
			☐ Remove
			Change
<del>.</del>			□ Add
			☐ Remove
			Change
		<u></u>	□ Add
			□ Remove
			□ Change
			☐ Add
			☐ Remove
			☐ Change

D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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<del>-</del>		
(If an eff Note:	ive date, if other than the date of filing:	.0207 (3)(b) ed as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	er of:
Dated	September 30th , 2015	
	Signature of a marsher or authorized an acceptation of a marsher	
	Signature of a member or authorized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00