L11000026946

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2020 DEC TO PM 4: 02

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COVER LETTER

TO:

	gistration Se vision of Cor					
eub irzyr.	Home Agai	n Management, LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for tiling.			
Please retur	n all correspo	ndence concerning this matter	to the following:			
		Foxworth O. Troy				
			Name of Person			
		Home Again Management	, LLC			
			Firm/Company			
		4163 Clark Road				
		1.0	Address			
		Sarasota, FL 34233	s) are submitted for tiling. sis matter to the following: y Name of Person nagement, LLC Firm/Company Address 33 City/State and Zip Code ntypros.com address: (to be used for future annual report notification) , please call: at (y41			
		-	City/State and Zip Code			
		foxworth@allcountypros.co				
For further	information c	ti-mail address: (oncerning this matter, please c		(Healton)		
Foxworth (D. Troy					
	Name o	f Person		ne Telephone Number		
Enclosed is	a check for th	ne following amount:				
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		
	<u>ailing Addres</u> egistration S			ection		
D	ivision of C	orporations	Division of Con	rporations		
	O. Box 632					
1 i	ıllahassee, I	し フェントサ	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Home Again Management, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000026946</u> .	were filed on 3/3/2011	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
be new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I.I.)	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 .	<u> </u>
Principal office address MUST BE A STREET ADDRESS)		
		0 ,1
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		1 **
		02
3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ente</u>	r the name of the new regist
New Registered Office Address:	Emer Florida street addre	'SS
	F	lorida
	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
MGR	Ay Lee Troy	4163 Clark Road, Sarasota, FL 34233	∃ Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			🗀 Add
			□Remove
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Filing Fee: \$25.00