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(Cit	ty/State/Zip/Phone	> #)
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SECULL ART OF STATE

WILL ATTASSEE, FLORIDA

K. SALY EXAMINER APR 11 2011

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	HOMES FOR LESS LLC			
	Name of Limited Liability Company			
The enclosed Articles o	Amendment and fee(s) are submitted for filing.			
Please return all corresp	ondence concerning this matter to the following:			
	STEVE MENA			
	Name of Person			
	HOMES FOR LESS LLC			
	Firm/Company			
	5300 NW 77 CT SUITE 103			
	Address			
	DORAL, FL. 33166			
	City/State and Zip Code			
	HOMESFORLESS1@GMAIL.COM E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please call:			
	TEVE MENA at (305) 546-3809 f Person Area Code & Daytime Telephone Number			
Enclosed is a check for	ne 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**

FILED
11 APR -8 PM.
ords.) LAHASSEE, HORIDA
ords.) MIASSEE, ELORIDA

(Name of the Limited	OMES FOR LESS LLC Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)	ANY OF STATE STATE ORIDA
· (A	Florida Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·	E, M. ORIDA
The Articles of Organization for this Limited Li	iability Company were filed on	03/04/2011	and assigned
Florida document numberL11000027	<u>7071</u> .		
This amendment is submitted to amend the folk	owing:		
A. If amending name, <u>enter the new name of</u>	the limited liability company her	<u>e</u> :	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Compa	ny," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE)			
B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered office address on o <u>fice address bere</u> :	our records, <u>enter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street addre	<u> </u>
	City	, Florida	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR .	JUAN SOTO	5300 NW 77 CT 103 DORAL, FL. US 33166	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If amend	ling any other informati	on, enter change(s) here: (Attach additional sheets, if necess	ary.)
Dated	APRIL 4	Stul Mena	
	Signa	ature of a member or authorized representative of a member STEVE MENA Typed or printed name of signee	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00