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COVER LETTER

SUBJECT:		e Home Investors, LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		April R. Martindale, Esq.		
			Name of Person	
		Martindale Law		
			Firm/Company	
		8010 N. University Drive,	2nd Floor	
			Address	. . • .
		Tamarac, FL 33321		
		april@martindalelaw.org	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report no	tification)
For further in	nformation co	oncerning this matter, please ea	all:	
April R. Mai	rtindale, Esq.		561 808-5095	
	Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed is a	check for th	e following amount:		
ઇ \$25.00 F	iling 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:

Registration Section Division of Corporations

TO:

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

Pepper Time Home Invesors, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on or ted Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Comp. Florida document number 111000087188	any were filed on July 28, 2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
Pepper Time Home Investors, LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designat	ion "ELC" or the abbreviation "E.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	9 ALI
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Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
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B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		records, enter the name of the nev
New Registered Office Address:		
	Enter Florida stre	vet address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of my di as provided for in Chapte	ities, and I am familiar with and er 605, F.S. Or, if this document is

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
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			□ Remove
			☐ Change
			D Add
			Remove
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f an effective date is listed, the date in Note: If the date inscrited in this	ust be specific and canno block does not meet th	t be prior to date of the applicable statu	ning or more man 90 tory filing requiren	ents, this date will n	ot be listed as:
document's effective date on the	Department of State's	records.			
					1' <i>-</i>
ne record specifies a delay The 90th day after the re	ecord is filed.	but not an eff	ective time, at	12:01 a.m. on tr	e earner or
Dated March 6	201	9			
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Jaieu	Signature of a member	r or authorized repr	esentative of a memb	er	

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Filing Fee: \$25.00