

L11000124978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

W14-54542

(Business Entity Name)

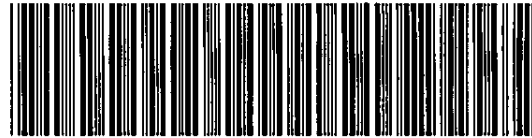
(Document Number)

Certified Copies _____ Certificates of Status _____

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L11000124978

08/25/14--01013--012 **35.00

NC & Amend.

FILED
14 SEP 22 PM 12:01
STATE
TALLAHASSEE, FLORIDA

SEP 22 2014

N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOMES MADE POSSIBLE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RYAN FUNK
Name of Person

Firm/Company

2207 SW 13th AVE
Address

CAPE CORAL FL 33991
City/State and Zip Code

RYANFUNKPA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RYAN FUNK at (239) 595-2546
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2014

RYAN A. FUNK
2207 S.W. 13TH AVENUE
CAPE CORAL, FL 33991

SUBJECT: HOMES MADE POSSIBLE LLC NAME CHANGE TO ZEPHYR
REALTY, LLC
Ref. Number: L11000124978

We have received your document for HOMES MADE POSSIBLE LLC NAME
CHANGE TO ZEPHYR REALTY, LLC and your check(s) totaling \$35.00.
However, the enclosed document has not been filed and is being returned for the
following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

You sent the amendment form for a corporation not an LLC.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 014A00019094

Flomes Made Possible LLC

ZEPHYR REALTY LLC

2207 SW 13th Ave
CAFE CORAL, FL 33991

2207 SW 13th Ave
CAPE CORAL, FL 33991

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	KANE, Michael	11 Sunset Drive	<input type="checkbox"/> Add
		805	<input checked="" type="checkbox"/> Remove
		SANFORD, FL 32736	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGRM	FUNK, Lindsay	2207 SW 13th Ave	<input checked="" type="checkbox"/> Add
		CAPE CORAL, FL	<input type="checkbox"/> Remove
		33991	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 9-16, 2014.

Signature of a member or authorized representative of a member

RYAN A FUNK

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 SEP 22 PM 12:01
SEAL OF THE STATE
TALLAHASSEE, FLORIDA