

L12000021561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000292922400

12/12/16--01016--018 **25.00

FILED
16 DEC 27 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

DEC 29 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2016

CHRIS HOWARD
2610 ZUNI RD
ST CLOUD, FL 34771

SUBJECT: HOME REHAB SOURCE LLC
Ref. Number: L12000021561

RECEIVED
2016 DEC 27 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HOME REHAB SOURCE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE SPECIFY WHAT CHANGES ARE BEING MADE TO CHRIS HOWARD.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 016A00026439

FILED
16 DEC 27 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Home REHAB SOURCE 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:

Chris Howard
Name of Person

Home Rehab Source LLC
Firm/Company

2610 Zuni Rd.
Address

St. Cloud FL 34771
City/State and Zip Code

choward@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Howard at (407) 832-8869
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:
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

FILED
16 DEC 27 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Home REHAB Source LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 14, 2012 and assigned
Florida document number L12 00002156.1

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Searight Construction LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 attending 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>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
DEC 27 PM 2:15
SECRET
TALLAHASSEE
OFFICE OF THE ATTORNEY GENERAL
FLORIDA

2000

1000

500

0

1000

2000

3000

4000

5000

6000

7000

8000

9000

10000

11000

12000

13000

14000

15000

16000

17000

18000

19000

20000

21000

22000

23000

24000

25000

26000

27000

28000

29000

30000

31000

32000

33000

34000

35000

36000

37000

38000

39000

40000

41000

42000

43000

44000

45000

46000

47000

48000

49000

50000

51000

52000

53000

54000

55000

56000

57000

58000

59000

60000

61000

62000

63000

64000

65000

66000

67000

68000

69000

70000

71000

72000

73000

74000

75000

76000

77000

78000

79000

80000

81000

82000

83000

84000

85000

86000

87000

88000

89000

90000

91000

92000

93000

94000

95000

96000

97000

98000

99000

100000

101000

102000

103000

104000

105000

106000

107000

108000

109000

110000

111000

112000

113000

114000

115000

116000

117000

118000

119000

120000

121000

122000

123000

124000

125000

126000

127000

128000

129000

130000

131000

132000

133000

134000

135000

136000

137000

138000

139000

140000

141000

142000

143000

144000

145000

146000

147000

148000

149000

150000

151000

152000

153000

154000

155000

156000

157000

158000

159000

160000

161000

162000

163000

164000

165000

166000

167000

168000

169000

170000

171000

172000

173000

174000

175000

176000

177000

178000

179000

180000

181000

182000

183000

184000

185000

186000

187000

188000

189000

190000

191000

192000

193000

194000

195000

196000

197000

198000

199000

200000

201000

202000

203000

204000

205000

206000

207000

208000

209000

210000

211000

212000

213000

214000

215000

216000

217000

218000

219000

220000

221000

222000

223000

224000

225000

226000

227000

228000

229000

230000

231000

232000

233000

234000

235000

236000

237000

238000

239000

240000

241000

242000

243000

244000

245000

246000

247000

248000

249000

250000

251000

252000

253000

254000

255000

256000

257000

258000

259000

260000

261000

262000

263000

264000

265000

266000

267000

268000

269000

270000

271000

272000

273000

274000

275000

276000

277000

278000

279000

280000

281000

282000

283000

284000

285000

286000

287000

288000

289000

290000

291000

292000

293000

294000

295000

296000

297000

298000

299000

300000

301000

302000

303000

304000

305000

306000

307000

308000

309000

310000

311000

312000

313000

314000

315000

316000

317000

318000

319000

320000

321000

322000

323000

324000

325000

326000

327000

328000

329000

330000

331000

332000

333000

334000

335000

336000

337000

338000

339000

340000

341000

342000

343000

344000

345000

346000

347000

348000

349000

350000

351000

352000

353000

354000

355000

356000

357000

358000

359000

360000

361000

362000

363000

364000

365000

366000

367000

368000

369000

370000

371000

372000

373000

374000

375000

376000

377000

378000

379000

3

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December 8, 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee

on the earlier of:

5
DEC 27 PM 2:15
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA