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	(Requestor's Name)			
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	(City/State/Zip/Phone #)			
PICK-U	P WAIT	MAIL		
	(Business Entity Name)			
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(Document Number)				
Certified Copies	Certificates of S	Status		

Special Instructions to Filing Officer:

A. LUNT

JUL-25 2011

EXAMINER

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Th		E SALES & RENTALS ted Liability Company	S, LLC.		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
		DIANA JOSEPH Name of Person		-	
	THE ESTATES H	HOME SALES AND REN	TALS, LLC.		
		Firm/Company	,	•	
	8815 CONRC	OY WINDERMERE RD. E	3OX 533	2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
		Address		NZ JUL 23 ECRE MRY LLAHASSE	•
		RLANDO, FL. 32835		23 888 888	ירכר
		City/State and Zip Code		20 S	П
	diaı E-mail address: (navega.trg@gmail.com to be used for future annual report no	otification)	COR.	C
For further information co	oncerning this matter, please c	all:		₹ 5	
DIA	NA JOSEPH	at (407)	739-4504		
Name of	Person	Area Code & Dayt	ime Telephone Numbe	er	
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certifie	ate of Status &	æd)
Registra Division P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	S HOME SALES & REN Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Lia Florida document number L120000440	ability Company were filed on	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company he	r <u>e</u> :
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "H.C" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	S S S S S S S S S S S S S S S S S S S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u></u>	
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, enter the name of the new
Name of New Registered Agent:	DIANA JOSEPH	
New Registered Office Address:	E	nter Florida street address
		, Florida
	City	Zip Code
N - D - I - L - L - L - L - L - Ci - L - L - L - L - L - L - L - L - L -		

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.

Charging Registered Agent, Signature of New Registered Agent

Page/1 of 2

. 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>	<u>Address</u>	Type of Action
MGR	BERNICE COOKS	8815 CONROY WINDERMERE RD. BOX 533 ORLANDO, FL. 32835	Add Remove
<u>MGR</u>	DIANA VEGA	8815 CONROY WINDERMERE RD. BOX 533 ORLANDO, FL. 32835	Add Remove
			Add Remove
			Add Remove
			Add ☐Remove
D If an	nending any other information, enter c	hange(s) here: (Attach additional sheets, if necessar 👨	And Remove
D. II an		nange, DIANA VEGA is changing her name	4 2
		name DIANA JOSEPH. Her legal name is	<u> </u>
	Diana Joseph Vega.		
			- -
Dated	July 15th	2012	
	Signature of me	mber or authorized representative of a member	
		DIANA JOSEPH yped or printed name of signee	
	, 1	Abed of bittied manie of signee	

Page 2 of 2

Filing Fee: \$25.00