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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

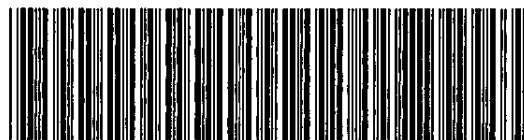
(Business Entity Name)

(Document Number)

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PALM BEACH COUNTY, FLORIDA

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T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Homesaver Real Estate 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:

Joel Newman

Name of Person

Homesaver Real Estate LLC

Firm/Company

936 SW All American Blvd

Address

Plam City FL 34990

City/State and Zip Code

waynegeb@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wayne Gebhardt

Name of Person

602 793-5898

at ()

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Homesaver Real Estate 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 January 09, 2013 and assigned
Florida document number L13000004633.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Wayne Gebhardt	936 SW all american Blvd	<input type="checkbox"/> Add
		Palm city FL 34990	<input checked="" type="checkbox"/> Remove
MGR	Joel A Newman	936 SW All american Blvd	<input checked="" type="checkbox"/> Add
		Palm city FI 34990	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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

See attached

Dated 02/13/2013, 2013



Signature of a member or authorized representative of a member

Wayne Gebhardt

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

Joel A Newman

6708 Yedra Ave
Fort Pierce Florida 34951
772-919-522 Mobile
772-871-9117 Fax

I Joel A. Newman hereby agree to serve as Broker of Record for Homesaver Real Estate LLC, a Florida Limited Liability Corp here after referred to as the Company. By Serving as Broker of Record the company will be a licensed Real Estate Corporation licensed to transact Real Estate business within the State of Florida. Joel A. Newman must be a registered officer of the company, however hereby agrees, and understands that I have NO ownership or controlling interest in the company. I am solely to act in the capacity of keeping the company in compliance with F.S. 475, or any other stat statutes that my come to the course of business. For serving as Broker of Record I will be compensated in the following manor.

\$250 - Due and payable on or before the 15th of every month with the 1st payment due date on 2/15/13. This agreement shall be in place for a period of 1 years, and is cancellable prior to that term with a 30 day notice in writing from either party. If at any time Joel A. Newman discovers the company is performing any illegal act, he may terminate this agreement immediately. The company will maintain General Liability and Errors and Omissions insurance on which Joel A. Newman must be names as an additional insured. If in any event the company creates a situation where Joel A. Newman must appear in court or any proceeding, I will be compensated at an hourly rate of \$125.00 plus all expenses.

X [Signature]
Joel A Newman

2/5/13
Date:

X _____
Printed Name:

Date:

For: _____

It's: _____

Wayne P. Kelly 2-5-13

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