## 13000115627

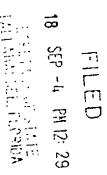
	(Requestor's Name)
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PICK-UF	MAIL MAIL
	(Business Entity Name)
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Certified Copies	Certificates of Status
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## **COVER LETTER**

TO: Reg Div	istration Secti Islon of Corpo	on rations			
OUD TO OT		Property Management LLC			
SUBJECT:		Name of Limit	ed Liability Company		
The enclosed	I Articles of Ar	nendment and fee(s) are subn	nitted for filing.		
Please return	all correspond	ence concerning this matter to	o the following:		
		Robert Kennedy			
		<del></del>	Name of Person		
		Home Team Property Ma	nagement		
			Firm/Company		
		2161 E Ft King Street			
			Address	·····	
		Ocala, FL 34471			
		bobk.hometeam@gmail.c	City/State and Zip Code		
		E-mail address: (to	o be used for future annual rep	ort notification)	
For further i	nformation cor	cerning this matter, please ca	ll:		
Tracey Bro	own		352 622-9 at ()	700	
	Name of I	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 enclose	Certificate of St d) Certified Copy (additional copy is e	atus &

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

company has been notified in writing of this change.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Home Team Property Management LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company Florida document number L13000115627  This amendment is submitted to amend the following:	were filed on 08/15/2013	and assigned
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		ED PM 12: 29
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our records, re:	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	·- · · · · · · · · · · · · · · · · · ·	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of my duties, an provided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

. DocuSign Envelope ID: 4276D505-B4D7-4CD4-A923-3A6A829F656B

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> Lisa Kennedy	Address 2161 E Ft King Street Ocala,	Type of Action
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E. Effectiv	a data if other than the date of filling: (ontional)
Note: 1	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated_	August 29, 2018.  Docusional by:
	Robert kennedy  AF5CD88CC330443 Signature of a member or authorized representative of a member

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Filing Fee: \$25.00