

L13000136664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

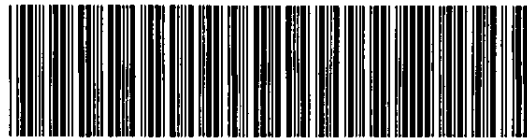
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Outagamie NOV - 6 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Lower Homes LLC
DOCUMENT NUMBER: L13000136664

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jordyn Hirn
Name of Contact Person
Lower Homes LLC
Firm/ Company
1500 Giralda Cir W #203
Address
Palm Beach Gardens, FL 33410
City/ State and Zip Code
jordyn@lowerhomes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jordyn Hirn at (561) 997-4131
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|---|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2013

JORDYN HIRN
1500 GIRLADO CIRCLE W #203
PALM BEACH GARDENS, FL 33410

SUBJECT: LOWER HOMES LLC
Ref. Number: L13000136664

We have received your document for LOWER HOMES 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.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 013A00024972

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2013 NOV -8 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Lower Homes 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 _____ and assigned
Florida document number L13000136664

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)

1500 Giralda Cir W #203
Palm Beach Gardens, FL
33410

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1500 Giralda Cir W #203
Palm Beach Gardens, FL
33410

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

| Title | Name | Address | Type of Action |
|-------|------------------------------------|------------------------------------|--|
| | ERIC HERM th | 1500 Giralda Cir W #203 | <input type="checkbox"/> Add |
| | | Palm Bch Gdns, FL 33410 | <input checked="" type="checkbox"/> Remove |
| MGR | Jordyn Hirn | 1500 Giralda Cir W #203 | <input type="checkbox"/> Add |
| | | Palm Bch Gdns, FL 33410 | <input checked="" type="checkbox"/> Remove |
| VP | ERIC Herm | 1500 Giralda Cir W #203 | <input checked="" type="checkbox"/> Add |
| | | Palm Bch Gdns, FL 33410 | <input type="checkbox"/> Remove |
| CEO | Jordyn Hirn | 1500 Giralda Cir W #203 | <input checked="" type="checkbox"/> Add |
| | | Palm Bch Gdns, FL 33410 | <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.)*

Dated _____, _____.

Jordyn Hirn

Signature of a member or authorized representative of a member

Jordyn Hirn (CEO)

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA