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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	······································
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 5, 2016

RICHARD P. HOWIE 8170 LODE STAR AVENUE . PENSACOLA, FL 32514-7424

SUBJECT: HOMEWORKS OF NW FLORIDA, LLC

Ref. Number: L13000149944

We have received your document for HOMEWORKS OF NW FLORIDA, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 916A0000254

TIFIT

COVER LETTER

	Registration Se Division of Cor				
SUBJEC		s of NW Florida, LLC			
30000		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	-		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Richard P. Howie			
			Name of Person		
	· ,	Visual Property Solutions,	LLC		
			Firm/Company	- 1 	
		8170 Lode Star Avenue			
			Address		
		Pensacola, FL 32514-7424	1	7A. 201	
		r7howie@att.net	City/State and Zip Code	2016 FEB 18 ALLAHASSE ication)	1
		E-mail address: (to be used for future annual report notifi	ication) SSA &	
For furth	er information c	oncerning this matter, please c	all:		
Richard	Howie	,	850 478-8707 at ()	3. 4.2	
	Name o	f Person	· \- \	Telephone Number	
Enclosed	I is a check for th	ne following amount:			
□ \$25.0	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)	
	MAIL	ING ADDRESS:	STREET/COURII	ER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

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

HOMEWORKS	OF NW	FLORIDA.	LLC

(Name of the Limit	ed Liability Company a (A Florida Limited Liabi	s it now appears on our rec lity Company)	ords.)		
he Articles of Organization for this Limited L lorida document number L13000149944	iability Company wer	re filed on 10/23/2013		and assigned	ţ
his amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liability	company here:			
N/A					
he new name must be distinguishable and contain the v	vords "Limited Liability (Company," the designation "	LLC" or the abbrev	iation "L.L.C."	_
Enter new principal offices address, if applic	able:	· · · · · · · · · · · · · · · · · · ·			
Principal office address MUST BE A STREE	ET ADDRESS)	<u></u>			
			TAC:	201	
			□ [2]	<u> </u>	7
inter new mailing address, if applicable:			2.5	(1) even	
	- nav	·	771-	<u> </u>	5.vd
Mailing address MAY BE A POST OFFICE	<u>BUX)</u>		717	U	
·	_		en e	<u> </u>	
3. If amending the registered agent and		e address on our reco	ords, <u>enter the</u>	.≔ nanne of th	he n
egistered agent and/or the new registered o	flice address here:		\sim		
(Name to P. New Registered Agent)	Cesar (Geovanni	(Vila	NO	
CHAIR TO TAKE THE AND THE STATE OF THE STATE			- U		
New/Registered Office/Address3	3221 DESERT ST	Enter Florida street aa	12-000		
	PENSACOLA		, Florida <u>32514</u>	7424	
		City	2	Zip Code	

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, Thereby confirm that the limited liability company has been notified in writing of this change.

GREAT IN A THE STREET HER THE PROPERTY OF THE

(Page 1) of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PELLETIER, DARRELL R	7716 DEBORAH DRIVE	Add
		PENSACOLA, FL 32514-7424	■ Remove
•			Change
,			Add
			Remove
		·	□ Change
			Add
			Remove
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· .		<u> </u>	
			□ Remove
		6. No. 1	Change

ENT IS CESAR GEOVANNI QUIJANO AS LISTED IN THE AMEND	
	MENT ABOVE.
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Las 16 at Las Aban Aba data af Citana	(antional)
date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing or me the date inserted in this block does not meet the applicable statutory filing	(optional) ore than 90 days after filing.) Pursuant to 60
the date inserted in this block does not meet the applicable statutory ining it's effective date on the Department of State's records.	g requirements, this date with not be its
d specifies a delayed effective date, but not an effective to Oth day after the record is filed.	ime, at 12:01 a.m. on the earl
Michael & Howin	
,	

Page 3 of 3

Filing Fee: \$25.00