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COVER LETTER

TO:

Registration Section **Division of Corporations**

HOME BUYERS OF FLORIDA, 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:

Mark Coon

Name of Person

Home Buyers of Florida, LLC

Firm/Company

7807 Ontario Street Circle

Address

Sarasota, FL 34243

City/State and Zip Code

palmercpa@comcast.net

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

For further information concerning this matter, please call:

Brian Palmer

 $\operatorname{at}(\underbrace{\frac{941}{\text{Area Code}}})\underbrace{\frac{922\text{-}4744}{\text{Daytime Telephone Number}}}$

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOME BUYERS OF FLORIDA, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A	A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L14000023564</u>	bility Company were filed on 02/11/2014	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
Marco Property Advisors, LLC		
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:	
(Principal office address MUST BE A STREET	'ADDRESS)	
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE Bo	OX)	
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our records, <u>en</u> <u>ce address here</u> :	ter the name of the new
Name of New Registered Agent:		, , , , , , , , , , , , , , , , , , ,
New Parietana d Office Address		
New Registered Office Address:	Enter Florida street address	· U3
	Florid	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:	,*
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further and complete performance of my duties, and I deserted agent as provided for in Chapter 605, F.S. agistered office address, I hereby confirm that the hange.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Title** Name | Address **Type of Action** MARK COON 7807 ONTARIO STREET CIRCLE MGR SARASOTA, FL 34243 7807 ONTARIO STREET CIRCLE CHARLENE COON AMBR SARASOTA, FL 34243 7807 ONTARIO STREET CIRCLE MARK COON MGRM SARASOTA, FL 34243

MGRM	CHARLENE COON	7807 ONTARIO STREET CIRCLE ■ Add
		SARASOTA, FL 34243
		· · · · · · · · · · · · · · · · · · ·

If amending any other	information, enter cha	ange(s) here: (/	Attach additional shee	ts, if necessary.)
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The effective date must be sp	than the date of filing: ecific, cannot be prior to date d by the Florida Department	of receipt or filed of	late and cannot be more tha	(optional) n 90 days after
Dated August 26		2014		
Dated Mark	Coor			
	Signature of a me	ember or authorize	d representative of a memb	er
Mark Co	oon			
		Typed or printed na	me of signee	

Page 3 of 3

Filing Fee: \$25.00