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SECRETARY OF STATE

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TO: Registration Se Division of Cor				••	
SUBJECT: <u>Bond</u>	Hornebuyers, LLC Name of Lim	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Tamara M	Bond Name of Person			
		Name of Person			٠
	Bond Home B	muers. LLC		三名 苗	
		Firm/Company			
	450 State Rd	13N #141		007 28 NELVO	FILED
		Address		40	
	St. Johns, FL	3 Z25 9 City/State and Zip Code		28 PM 3 05 Sey of STATE SSES, I LORIDA	
		City/State and Zip Code			
	bind homebus E-mail address:	ILYS @ gmaul · Com to be used for future annual report notif	ication)		
For further information co	oncerning this matter, please co	all:			
Tamara M Name of	Bend Person	at (904) 552-13 Area Code Daytime	3 88 e Telephone Number	 -	
Enclosed is a check for th	e following amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

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

Bond Homeby 4015, LLC (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company			
Florida document number <u>L14000</u> 050329	, , ,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	450 State Rd 13N 年間 日 T		
(Principal office address MUST BE A STREET ADDRESS)	#141 50 25		
	St. Johns, FL 32259 3		
Enter new mailing address, if applicable:	450 State Rd 13N = 0		
(Mailing address MAY BE A POST OFFICE BOX)	#141		
	St. Johns, FL 32259		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the new</u> e:		
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:	in the same of the		

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

	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	John M Bond Jr	450 state Rd 13N	
		#141	□ Remove
		St. Johns, FL 32259	Change
			☐ Remove
			Change
			Add SECOND Removes 28 Change Change Add DELOGRAPH Add
			Add
			Remove
			Change
			
			□ Remove
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Effective date, if other than the date of filing (If an effective date is listed, the date must be specific and Note: If the date inserted in this block does not n document's effective date on the Department of S	l cannot be prior t neet the applica	o date of filing o ble statutory fi	r more than 90 days	optional) after filing.) Pursua , this date will no	ant to 605.0207 ot be listed as
he record specifies a delayed effective d The 90th day after the record is filed.		an effective	e time, at 12:0	01 a.m. on th	e earlier of
Dated October 26,	, 2015				
Signature of a r	L member or author	rized representat	ive of a member		
_ Tamara M Bor	ad				

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Filing Fee: \$25.00