L140000 64272

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
wrong 2	form	

Office Use Only



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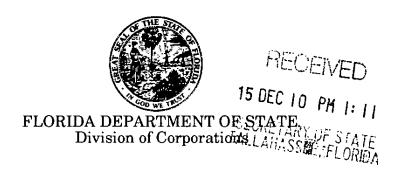
2015 DEC 10 PH 2: 37

DEC 1 O 2015 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CIGht AT Home UC Name of Limited Liability Company
Cambo Statement
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Pierre P Dubusson
Name of Person
Eight AT Home U.C.
Firm/Company
1903 Sw 168th Are
Address
Miranar P 33027
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
O
Kerre P Dubusson at (954) 547 9856
Name of Person Area Code Daytime Telephone Number
England is a shock for the following amount.
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc
Certificate of Status Certified Copy Certificate of Status &
Cifected wall already Rearred (additional copy is enclosed) Cashed Cashed
end Cashed
MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301



November 18, 2015

PIERRE-R DUBUISSON 4903 SW 168TH AVE MIRAMAR, FL 33027

SUBJECT: EIGHT AT HOME LLC Ref. Number: L14000064272

We have received your document for EIGHT AT HOME 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):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 915A00024411

2015 DEC 10 PM 2: 37

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Company as it r A Florida Limited Liability (now appears on our records.) Company)	
The Articles of Organization for this Limited Lia		led on <u> </u>	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability cor	npany here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Comp	pany," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	NA	
(Principal office address MUST BE A STREET	ADDRESS)		- N
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NĮA	
B. If amending the registered agent and/o		ldress on our records	2: 37 LOHIUA
registered agent and/or the new registered offi		dies on our records,	ener the name of the new
Name of New Registered Agent:		Dubuisson	
New Registered Office Address:	4903 SW	Enter Florida street address	
	Miramar	, Flori	da 33027 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 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 man	nage, <u>enter the titl</u>	e, name, and	l address of each	person	being added
or removed from our records:					

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MOR	Pierre-R Dubulsson	4903 Sw 168th Are	_ tv /Add
MOR	S Helly Ann Dubursion	4903 Sw 168th Are. Myomax, fl 33027 4903 Sw 168th Are, Nirowar fl 33027	Remove
			Change
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f the date inserted in this block does not meet the applicable statutory filing requirements, this nt's effective date on the Department of State's records.	date will not be lis	ited as
	.m. on the earli	ier o
12/11/2015		
Signature of a member or authorized representative of a member		e,sev
Pierre-R DESburson	是是	1363
Typed or printed name of signee	\$\$ 5	5.7
	ve date, if other than the date of filing: (option crive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after if the date inserted in this block does not meet the applicable statutory filing requirements, this ent'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. 90th day after the record is filed.	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 90th day after the record is filed. 13/11/3-015 Signature of a member or authorized representative of a member Rene - R Duburssow

Filing Fee: \$25.00