# L14000101657

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Special Instructions to	Filing Officer:	
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# **COVER LETTER**

TO: Registration Section Division of Corpor	on rations			
SUBJECT:	Homes	4 U, LL	<u>C</u> .	
	Name of Limi	ited Liability Company		
The enclosed Articles of Am	endment and fee(s) are subt	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Andre	O Campo Name of Person	2	
		Name of Person'		
	Hon	res 4 U Firm/Company	LLC.	
		Firm/Company		<del></del>
	7954 3	nowberry Address	Gircle	
	0/	City/State and Zip Code 143 @ AO o be used for future annual	328	319
	000	City/State and Zip Code	1 0000	
-	E-mail address: (t	o be used for future annual	report notification)	-
For further information conc				
Andrea		ац <u>407</u> Area Code	74803	336
Name of Pe	rson	Area Code	Daytime Telepho	one Number
Enclosed is a check for the fo	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$33.00 rming ree of Certified Copy (additional copy is enc		Certificate of Status & Certificate Copy (additional copy is enclosed)

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

SIREE I/COURIER (IDDILL) Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



July 31, 2014

ANDREA CAMPOS 7954 SNOWBERRY CIRCLE ORLANDO, FL 32819

SUBJECT: HOMES 4 U, LLC Ref. Number: L14000101657

We have received your document for HOMES 4 U, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete page one of the Articles of Amendment.

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.

Letter Number: 514A00016451

Tim Burch Regulatory Specialist II

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Homes (Name of the Limited Liab) (A Flori	4 U, LLQ lity Company as it now appear da Limited Liability Company)	s on our records.)		_	
The Articles of Organization for this Limited Liability Florida document numberL_{40000000000000000000000000000000000	Company were filed on	6/25/2014	and	assigne	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lir	nited liability company he	<u>re</u> :			
The new name must be distinguishable and end with the words "t		) i vi vi vi vi	11 22	m 1 C	
Enter new principal offices address, if applicable:	amited Liability Company, The c	designation "LLC" or the	abbreviation	n "L.IC	··
(Principal office address MUST BE A STREET ADD	PRESS)	· · · · · · · · · · · · · · · · · · ·		EP	
Enter new mailing address, if applicable:	***************************************		2 13 33 89 S 15 21 5	-S PE	Canada de la constante de la c
(Mailing address MAY BE A POST OFFICE BOX)			27	:J	
			> .		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, enter	the nan	ne of t	the new
Name of New Registered Agent:					
New Registered Office Address:	Enter Flor	ida street address	-		
		, Florida			
	City		Zip Co	de	

### 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

### Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member TYPE OF ACTION <u>Title</u> <u>Address</u> **Name** Andrea Campos 7954 Snowberry Circle Orlando FL 32819 X ADD Boris Compos 7954 Snowberry Circle AMBR Orlando, FC 32819 - X ADD

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Trefo adda.	data if other than the date of filings (antique)
Effective (The effecti the date the	e date, if other than the date of filing:
Effective (The effect the date the	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date th	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date th	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)  7/29  8 June 1  Signafure of a member or authorized representative of a member
the date th	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)  7/29  Ol  Ol  Ol  Ol  Ol  Ol  Ol  Ol  Ol  O

Page 3 of 3

Filing Fee: \$25.00

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