# L14000157768

(Requestor's Name)	
(Address)	500336314955
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	11/07/1301005003 **65.00
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## **COVER LETTER**

TO:	Registration S Division of Co			
cam ar		4 YOU GROUP, LLC		
SUBJE	CI:	Name of Limi	ited Liability Company	
		of Amendment and fee(s) are sub-		
ricase r	etum ali corres	pondence concerning this matter  ABELARDO BAUTISTA	to the following:	
		HOMES 4 YOU GROUP I	Name of Person LLC	
		5805 BLUE LAGOON DR	Finn/Company	
		MIAMI, FL 33126	Address	<del></del>
		ABAURE@GMAIL.COM	City/State and Zip Code	<del> </del>
		· ·	to be used for future annual report noti	fication)
For furt	her information	concerning this matter, please ca	all:	
ABELA	ARDO BAUTIS	STA	786 389-2952 at ()	
	Name	e of Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for	the following amount:		
<b>■</b> \$25	.00 Filing Fee	☐ \$30.00 Fiting 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:

.

TO:

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



#### HOMES 4 YOU GROUP LLC

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

(AF	iorida Limited Liantity Company)	
The Articles of Organization for this Limited Liabil: Florida document number L14000157768		and assigned
This amendment is submitted to amend the following	afi:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	• <u></u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	······································
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	City	, Florida Zip Code
	City	zip Coac

### 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 manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ABIEL BALLESTEROS	5805 BLUE LAGOON DRIVE SUITE 178 MIAMI, FL 33126	
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			Change
			□ Remove
			☐ Change
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lf an effecti <u>Note:</u> If t	date, if other than the ve date is listed, the date mus the date inserted in this blob's effective date on the De	t be specific and cannot ock does not meet the	be prior to date of filing applicable statutor	g or more than 90 days at	fer filing.) Pursuant to 603	5.0207 ted as
ne recor The 90	d specifies a delayed Ith day after the rec	l effective date, l ord is filed.	but not an effect	ive time, at 12:0:	l a.m. on the earli	ier of
Dated	10/31/2019	,				
		attox	<del> </del>			
	<		or authorized represen			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00