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FEB 0 3 2015 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Home arest Realty Group, 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:	
Matther Toll Name of Person Toll Law	
Name of Person	
Toll Law	
Firm/Company	<u> </u>
1217 Cape Coral Parkway E.	#121
Address	(
Cape Coral, FL 3390	74
Cape Coral, FL 3390 City/State and Zip Code Matthewfoll. Com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Joseph DeLuca at (739) 834-8 Name of Person Area Code Daytime Telephon	634
Mame of Person Area Code Daytime Telephon	ne Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy (additional copy is enclosed)	660.00 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

	Bealty Group, LLC	
	iability Company as it now apbears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number	ity Company were filed on $\frac{ 0/29/14 }{54}$.	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
- Home Qwest Realty 60		
The new name must be distinguishable and end with the word One word Enter new principal offices address, if applicable	•	ne abbreviation "L.L.C."
(Principal office address MUST BE A STREET A		7 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		ZOIS JAN 26 PH SECRETARY OF TALLAHASSEE.
	registered office address on our records, ente	5: 29 STATE LORIDA
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Regis	stered 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 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 = M $AMBR = A$	Ianager authorized Member		
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