L14000167354

(Re	equestor's Name)	
(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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FILED

SECRETARY OF STATE
SECRETARY OF STATE

TO: Registration Section Division of Corporations SUBJECT: Home q west Really Goop, 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:

Matthew Toll
Name of Person
Toll Law
Firm/Company
1217 Cape Coral Pkny. # 121
Address
Cape Coral, FC 33904 City/State and Zip Code
City/State and Zip Code
matt@matthertall.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Toll	at (734)	257-1743	
Name of Person	Area Code	Daytime Telephone Number	

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□ \$30.00 Filing 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:

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

FILED . 2015 MAY 21 PN 2: 15

Homegwest Realty Gran	P, LLC SEUNE LANASSEE, FLORIDA
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000167354</u> .	were filed on 10/28//c/ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	sility company here:
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	4020 Del Prado Blud.S.
(Principal office address MUST BE A STREET ADDRESS)	Cape Coral, FL 33904
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 152406 Cape Coral, FL 33915
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
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:

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
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<u>ote:</u> If th	ne date inserted in this blocks effective date on the Dep	ek does not r	neet the applicabl	le statutory filing	requirements, th	is date will not be	listed as the
record The 90t	l specifies a delayed th day after the reco	effective or rd is filed.	date, but not a	an effective ti	me, at 12:01	a.m. on the e	
nted	May 14		2015				MINSES
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-	S	Signature of a	member or authoriz	red representative	of a member		-851 -851
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Page 3 of 3

Filing Fee: \$25.00