L14000188597

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SECRETARY OF STATE
SECRETARY OF STATE

K. SALY FEB 2 4 2017

COVER LÉTTER

TO: Registration S Division of Co	ection rporations	e de la companya de l	
The Home SUBJECT:	town of Port Charlotte, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Michael M. Wilson		
		Name of Person	
	Olmsted & Wilson, P.A.		
		Firm/Company	
	17801 Murdock Circle, Su	ite A	
		Address	
	Port Charlotte, Florida 339	48	
		City/State and Zip Code	
	mike@owpa.com	to be used for future annual report notif	Fastion)
For further information of	concerning this matter, please c		ication)
Michael M. Wilson		941 624-2700 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

2017 FEB 23 PH 3: 32

SECRETARY OF STATE

ALLAHASSEE, FLORIDA

The Hometown of Port Charlotte, LLC

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

The Articles of Organization for this Limited Lia	bility Company were filed on 12/10/2014 and assigned				
Florida document number L14000188597					
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability company here:				
The Hometown Group of Port Charlotte, LLC					
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applica	ble: n/a				
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable:	n/a				
(Mailing address MAY BE A POST OFFICE B	<u> </u>				
B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent: New Registered Office Address:	n/a				
	Enter Florida street address				
	, Florida				
	•				
New Registered Agent's Signature, if changing Re	gistered Agent:				
	agent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and				

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: FILED MGR = Manager AMBR = Authorized Member 2017 FEB 23 PM 3: 32 <u>Title</u> Name **Address Type of Action** SECRETARY OF STATE TALLAHASSEE. FLORIDA n/a n/a □ Add □ Remove ☐ Change □ Add _□ Remove ☐ Change □ Add ☐ Remove □ Change

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ective date, if other than the affective date is listed, the date m	e date of filing:		(optional)	
te: If the date inserted in this	olock does not meet the app	licable statutory filing r	equirements, this date wi	ill not be listed a
cument's effective date on the				
record specifies a delaye	ed effective date, but r	not an effective tim	ne, at 12:01 a.m. or	the earlier
he 90th day after the re	cord is filed.			
February 21	2017			
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Illihan .	a lel	ر کھے ر		
11/10 may	Signature of a member or au	thorized representative of	a mambar	
/	Signature of a member of au		a member	
Michael M. Wilson, E	J		a memoei	

Page 3 of 3

Filing Fee: \$25.00