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(Requestor's Name)
(Address) (Address) (Address) (City/State/Zip/Phone *f) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
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COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	HOMEDING	GO, LLC			
		Name of Limi	ited Liability Company		
The enclosed	d Articles of A	mendment and fee(s) are subr	mitted for filing.		
Please return	all correspon	dence concerning this matter t	to the following:		
		MICHAEL E MUMMERT	-		
Name of Person					
			Firm/Company		
		7109 HARTMAN ST			
			Address	· · · · · · · · · · · · · · · · · · ·	
		COCOA FL 32927			
The enclosed Articles Please return all corre For further information			City/State and Zip Code	 	
		THEHOMEDINGO@GMA			
		E-mail address: (t	to be used for future annual report notificat	tion)	
For further in	nformation co	ncerning this matter, please ca	dl:		
MICHAEL E MUMMERT		r	954 444-6633		
Name of Person		Person		elephone Number	
Enclosed is a	check for the	following amount:			
□ \$25.00 F	iling 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:

TO:

Registration Section

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

HOMEDINGO, L. L. C.		
(<u>Name of the Limited Liab</u> (A Flor	oility Company as it now appears on our records. ida Limited Liability Company))
The Articles of Organization for this Limited Liability Florida document number L15000008978	Company were filed on 1-15-2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "LE nter new principal offices address, if applicable:	imited Liability Company," the designation "LLC"	or the abbreviation L.L.C."
• • •	D.D.E.G.G.)	
(Principal office address MUST BE A STREET AD)	DRESS)	: 3
		-17
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ac		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	71	
	, Flor	rida
Name of New Registered Agent:	Idress here: Enter Florida street address , Flor	rida

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
VD	ROGERS, DAVID M	7109 HARTMAN ST	
		COCOA FL 32927	Remove
		<u> </u>	Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
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f an effection Note: 1	date, if other than the date of filing:	
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli Oth day after the record is filed.	er of
	2019 · · · · · · · · · · · · · · · · · · ·	
Dated _	Mallen	
Dated _	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00