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(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Document Number)		
Certified Copies	_ Certificates	s of Status
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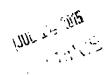


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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FIED



COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	Feels Like	Home Realty, LLC			
SOBSECT.		Name of Lim	nited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Kathia Leconte Dash			
			Name of Person		
			Firm/Company	<u> </u>	
		2913 SW 174 Avenue			Fee, Status &
			Address		
		Miramar, FL 33029		TAS S	2
		kathia@feelslikehomerealt	City/State and Zip Code y.com	CRET	
		E-mail address: (to be used for future annual report notifi	ication) SS	<u> </u>
For further in	nformation c	oncerning this matter, please c	all:	EC. T	
Kathia Leco	nte Dash		786 487-6065	LOR	
	Name o	f Person		Telephone Number	ัพ
Enclosed is a	check for th	ne 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 Sta Certified Copy (additional copy is e	atus &

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

Feels Like Home Realty, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our relited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comp.	pany were filed on 01/20/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Kathia Leconte Dash, LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		2016 SECTALL
		UL JUL
Enter new mailing address, if applicable:		AS
(Mailing address MAY BE A POST OFFICE BOX)		SELY W
		77.70
		DAY
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ords, enter the talme of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, 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 = Manager

AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action** _□ Add _□ Remove _□ Change □ Add □ Remove _□ Change _□ Add ☐ Remove ☐ Change € ÆRemov - Change Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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E. Effec	tive date, if other than the date of filing: (opt	tional)		
(If an e <u>Note</u>	tive date, if other than the date of filing:	er filing.) nis date v	Pursuant will not b	to 605.0207 (3)(b be listed as the
If the re (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 e 90th day after the record is filed.	a.m. d	on the	earlier of:
Dated	July 6 2015			
	Signature of a member or authorized representative of a member			_
	Kathia Leconte Dash			
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00