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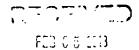
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PICK-UP	☐ WAIT	MAIL
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### **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	PENSONAL HOME F	PACHERS UC	
		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing	
Please return all correspor	ndence concerning this matter	to the following:	
	SUE LI	EVIN Name of Person	
		HYNT PACUALS Firm/Company	<del></del>
	219 CHURCH	Address	<del></del>
	W. PARM BET	TCH FL 33405 City/State and Zip Code	
	SEVING 0 ( E-mail address: (I	COMCURST NET	fication)
For further information co	oncerning this matter, please ca	all:	
SUE UEUIN Name of	Person	at (94) 444- Area Code Daytime	9457 e Telephone Number
Enclosed is a check for th	e 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

(Name of the Limite	VAL HYME PACIFIED UC Ed Liability Company as it now appears on our records.)	
	(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Li. Florida document number <u>L15000100</u> 210	ability Company were filed on <u>AUGUST 15, 20</u>	16 and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	→ Ā's
(Principal office address MUST BE A STREE		ECRET LLAIV 8 FEB
Enter new mailing address, if applicable:		ARY OF S
(Mailing address MAY BE A POST OFFICE I	BOX)	TATE ORIDA
B. If amending the registered agent and/or the new registered of	or registered office address on our records, <u>e</u> fice address here:	nter the name of the m
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid	la
	Сиу	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

· MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
undown	AMY MUGUS	208 MONROE DRIVE	☐ Add
	l	208 MONROE BRIVE WEST PARM BRACH, FL 33405	<b>⋈</b> Remove
			Change
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record specifies a delayed effective date, but not an effective time, at 12:01 a he 90th day after the record is filed.	.m. on the earlier o
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Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00