# L15000115272

(Re	questor's Name)	
(Ad	dress)	
(Ad-	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	<u></u>	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	···-
Certified Copies	Certificates of Statu	us
Special Instructions to	Filing Officer:	_
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Office Use Only



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## FILING CANCELLED RETURNED CHECK

07/26/16--01048--001 \*\*30.00

J. HARRIS

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Hometeam Banners 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:	
Lynn Moers Name of Person	
Hometean Banners LLC	
3300 S. Dixie Hwy. Ste 272	
West Palm Beach, FL 33405	
West Palm Beach, FL 33405  City/State and Zip Code  office Thometeambanners.com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Lynn Moers at (561) 223-1502  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	itus &

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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 17, 2016

LYNN MOERS 3300 S DIXIE HWY STE 272 WEST PALM BEACH, FL 33405 FILING CANCELLED RETURNED CHECK

JIII 25 PH 12: 10

SUBJECT: HOMETEAM BANNERS LLC

Ref. Number: L15000115272

We have received your document for HOMETEAM BANNERS LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$30.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 316A00010434

OLDERA PROFILE

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION RETURNED CHECK OF

FILING CANCELLED

Honeteam B (Name of the Limited Liability Compan (A Florida Limited Li	Panners LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L15000115272</u>	were filed on $07/06/2015$ and assigned
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	3300 S. Dixie Hwy Suite 272 West Palm Beach, FL 33405
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent: In	Corp Services, Inc.
New Registered Office Address: 1788	38 67th Court North
Loxa	Corp Services, Inc.  38 67th Court North  Enter Florida street address  Chatchee, Florida 33470  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.

> Ö gent, Signature of New Registered Agent Page 1 of 3

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 '

FILING CANCELLED

AMBR = Authorized Member

RETURNED CHECK

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Johanna Pena	2425 2nd Ave N.	Add
		2425 2nd Ave N. Lake Worth, FC 3346	Remove
			□ Change
AMBR	Lynn Moers	2425 2nd Ave. No Lake Worth, FL 334	Add
	•	Lake Worth, FL 334	<b>6</b> □ Remove
			Change
			□ Add
			Remove
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Filing Fee: \$25.00