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COVER LETTER

	egistration Section ' ivision of Corporations
SUBJECT	r: Home Port leasty Referral Group LLC Name of Limited Liability Company
The enclos	sed Articles of Amendment and fee(s) are submitted for filing.
Please retu	rm all correspondence concerning this matter to the following:
	Joshya E Brown
	Way Point Realty Firm/Company
	P-O. Box 56
	Crawfordy: 14 F 32326 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
J	Name of Person at (850) 528-6385 Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
\$25.00	Filing Fee \$\Bigcup \\$30.00 \text{ Filing Fee & Certificate of Status} \Bigcup \\$55.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \\ \frac{\\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}}{\} \end{additional copy is enclosed} \end{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

Home Port Re	calty	lifero	al a	mus	<u>, L</u>	LC.	
(Name of the Limited Liabilit (A Florida	ty Company as Limited Liabi	it now appears ity Company)	<u>s on our</u>	records.)			
The Articles of Organization for this Limited Liability Co. Florida document number <u>L 1500 o 1 35</u>	ompany wer	e filed on	Aug	ust J	2 [±] 2	<u>이</u> and as	signed
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limit way Point Properties R. The new name must be distinguishable and contain the words "Limit	efecto	1 600	นว	LU (the abb	reviation "L	L.C."
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDR	ESS)	··					
•	_						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_						
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		address on	our r	ecords, <u>e</u>	enter t	he name	of the new
Name of New Registered Agent:				·			
New Registered Office Address:		Enter Flori	ida straa	t address			
		Emer 1 tort	iaa siree		_		
		City		, Floric	da	Zip Code	
New Registered Agent's Signature, if changing Registered	l Agent:						
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete perj gent as prov	formance of i ided for in C	my dut hapter	ies, and l 605, F.S	am fa l. Or, ij he liml	miliar wii this doci	th and ument is

Page 1 of 3

If Changing Registered Agent, Signature of New-Registered Agents

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 <u>Title</u> Name Way foirt Properties Florida UL RO Box 56 Crawfordville Fl 32328 ☐ Remove □ Change _ Add ☐ Remove _□ Change ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove <u>~</u>□ Change □ Change

amei 	ding any other information, enter change(s) here: (Attach additional sheets,	y necessary.j	<u> </u>
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	o data if athough an the data of 600	(and the seal)	
n effe	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da f the date inserted in this block does not meet the applicable statutory filing requiremer	(optional) ys after filing.) Pursua nts. this date will no	ant to 605.0207
	nt's effective date on the Department of State's records.	its, this date will he	n oc nsicu as
reco	ord specifies a delayed effective date, but not an effective time, at 12	.01 a m on the	e earlier o
	90th day after the record is filed.	or dim	c carner o
ed	August 17th . 2015.		
_	11/4		
	Signature of a member or authorized representative of a member	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Joshua F. R. Causa	2815 AUG SECRETA	77
	Typed or printed name of signee	18 38E 8	
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	Page 3 of 3	STA:	9
	Filing Fee: \$25.00	즐겁 꿈	