## U5000151782

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SECHETARY OF STATE

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## **COVER LETTER**

Division of Corpo			
JEFF'S HOM	IE DEALS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Jennifer C Perushek		
		Name of Person	
		Firm/Company	
	14746 County Road 565a		
		Address	
	Groveland, FL 34736		
· · · · · · · · · · · · · · · · · · ·	jeff@cttrc.com	City/State and Zip Code	
For further information cor	E-mail address: ( neerning this matter, please ca	to be used for future annual report notificati	
Jennifer Perushek	, , , , , , , , , , , , , , , , ,	352 250-1196	HAY 2
Name of I	Person	at () Area Code Daytime Tel	ephone Number
Enclosed is a check for the	following amount:		3: 02 STATE LORIDA
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
		3	(,

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

y as it now appears on our records.) ability Company)
were filed on and assigned
ity company here:
ty Company," the designation "LLC" or the abbreviation "L.L.C."
TALLAHASSEE THE name of the new old the ne
Enter Florida street address
, Florida

## 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

<u>Title</u>	<u>Name</u>		Address	Type of Action
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E. Effective date, if other than the date of filir (If an effective date is listed, the date must be specific an	ng:	(optional)	)5.0207 (3)(b)
Note: If the date inserted in this block does not	meet the applicable statutory filing requir	rements, this date will not be lis	sted as the
document's effective date on the Department of	State's records.		
	•	· -4 *>	
If the record specifies a delayed effective (b) The 90th day after the record is filed	date, but not an effective time, a	at 12:01 a.m. on the earl	ier of
(b) The 90th day after the record is filed	·	AF E	-
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Dated May la	, 2016.	SERVICE	, [11]
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Signature of a	a member or authorized representative of a me	mber	2
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lennifer I	Typed or printed name of signee		
•	i yped or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00