h15000173483

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/Otate/Elp/1 Florie #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
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SECRETARY OF STATE TALLAHASSEE, FL

TARY OF STATE

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FLORIDA DEPARTMENT OF STATE ECRETY TY OF STALL ASSEE.

March 8, 2022

PETER BROWN 2202 N WESTSHORE BLVD STE 200 TAMPA, FL 33607

SUBJECT: SECUREVEST REALTY, LLC

Ref. Number: L15000173483

We have received your document for SECUREVEST REALTY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L22000060939.

Please return your document, along with 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) 245-6050.

Octavia L Simmons Regulatory Specialist II Supervisor

Letter Number: 622A00005478

SUBJECT: Articles of Amendment for document # L15000173483

Date: 3/24/22

To whom it may concern:

I am the owner of **Spec Home Realty, LLC** and give the Florida State Division of Corporations permission to use this name with the attached articles of amendment application.

I will not reinstate the dissolved entity document # L22000060939.

Thank you for your cooperation.

Regards,

Peter M Brown

Broker/Owner

Securevest Realty, LLC

2202 N Westshore Blvd. Ste 200

Tampa, FL 33607

COVER LETTER

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TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porațions		* •	:	•		
SUBJECT:	Secure	evest Realty,LLC	Name Chang	e Request	,		
SUBJECT:	Name of Limi	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	endence concerning this matter	to the following:					
	Peter M Brown						
		Name of Person					
	Securevest Realty, LLC						
		Firm/Company		 			
		Address					
	Tampa, FL 33607						
	City/State and Zip Code						
	reallion247@gmail.com						
		to be used for future anni	ual report notifica	ation)			
For further information c	oncerning this matter, please co	all:					
Peter M Brown		813 at ()	810-1106				
Name o	f Person	Area Code	Daytime T	elephone Number			
Enclosed is a check for the	he following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing For Certified Copy (additional copy is		S60,00 Filin Certificate Certified C (additional co	of Status & opy		
Mailing Addres			Address:				
Registration S			Registration Section Division of Corporations				
Division of Corporations P.O. Box 6327		The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION OF 1000 ARR 11 PM 2: 1

2022 APR -4 PM 2: 02

SECRETARY OF STATE Securevest Realty, LLC (Name of the Limited Liability Company as it now appears of the Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/12/2015 and assigned Florida document number L15000173483 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Spec Home Realty, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI.C" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
		****	□Add
			□Remove
			□Change
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	464		□Add
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<u>Sote:</u>	ve date, if other than the date of filing:	.0207 ed as
recor d is fi	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afterd.	r the
Dated	February, 6 2022	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00