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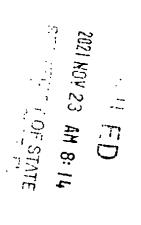
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COVER LETTER

Registration Section Division of Corporations

TO:

CLUBICZOT	NDORS LLC			
SUBJECT.	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	FRANCYNA CHRISTMA	AS		
		Name of Person		
	HOMEVENDORS LLC			
		Firm/Company		
	3225 S. MacDill Ave 129-	218		
		Address		
	TAMPA, FL 33629			
	_	City/State and Zip Code		
	FRAN@REMADEINC.CC			
	E-mail address: (to be used for future annual report not	tification)	
For further information c	oncerning this matter, please c	all:		
FRANCYNA CHRISTMAS 305 209-9251 at (
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 632		The Centre of		
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		appears on our records.) ipany)	
The Articles of Organization for this Limited L Iorida document number <u>L15000176782</u>	iability Company were filed	on 10/16/2015	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited liability compa	any here:	
he new name must be distinguishable and contain the v	words "Limited Liability Company	;" the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	_	
Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u>			
3. If amending the registered agent and/or agent and/or the new registered office addre	•	our records, enter the n	ame of the new registe
Name of New Registered Agent:	FRANCYNA CHRISTMA	<u>S</u>	
New Registered Office Address:	3225 S. MacDill Ave. Ste.		
		iter Florida street address	22720
	TAMPA City	, Florida	33629 Zip Code

New Registered Agent's Signature, if changing Registered Agent:

HOMEVENDORS LLC

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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	Francyna Christmas	13031 TERNACE SPRINGS PC-	= Add
		TAMPA, FL 33637	□Remove
		13031 TERRACE SPENAS	<u>D-</u> □Change
VP	Thianna Robinson	TARPA, FL 3363+	
		□Remove	
			□ Change
			🗆 Add
		□Remove	
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fective date, if other than the d	late of filing:	(optiona	l)
on effective date is listed, the date must lote: If the date inserted in this blocking the beginnent's effective date on the Dep	ck does not meet the applicable	ate of filing or more than 90 days after filing statutory filing requirements, this da	ig.) Pursuant to 605.0207 te will not be listed as t
record specifies a delayed effective is filed.	date, but not an effective time.	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
NOVEMBER 18	2021		
1 01	A /14		
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		d managementing of a management	

Typed or printed name of signee