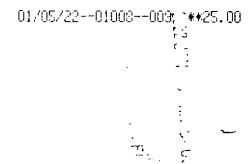
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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Office Use Only



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A. BUTLER
JAN 2 0 2022

## **COVER LETTER**

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

HomeVend				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter			
	Francyna Christmas			
		Name of Person		
	HomeVendors LLC			
		Firm/Company		
	13031 Terrace Springs Dr			
		Address		
	Temple Terrace, FL 33637			
	<u></u>	City/State and Zip Code		
	FRAN@HomeVendorslle.c	om to be used for future annual report no	nitication)	
			antauti	
For further information c	oncerning this matter, please c	an:		
Francyna Christmas		305 2099251 at () Area Code Dayti		
Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	ne following amount:			
525.00 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 Address		Street Address: Registration S	Section	
Registration 5 Division of C		Division of C		
P.O. Box 632	•	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	9. 99. 1281
d Liability Company as it now appears on ou A Florida Limited Liability Company)	ir records.)
bility Company were filed on 10/16/201	5 and assigned
wing:	
the limited liability company here:	
rds "Limited Liability Company." the designati	on "LLC" or the abbreviation "L.L.C."
ble:	
ADDRESS)	
<u>ox</u> )	
gistered office address on our records here:	s, enter the name of the new register
Estan Davida atmo	at addraw
rnier r torida strei	
City	, Florida Zip Code
1 t	ving:  the limited liability company here:  rds "Limited Liability Company." the designation  ble:  [ADDRESS]  Gistered office address on our records here:    Enter Florida street

## 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
VP	THIANNA ROBINSON	13031 Terrace Springs Dr., Temple Terrace, FL 33637	7 _ □Add
			Remove
		·	_ □Change
			_ □Add
			_ □Remove
			_ □Change
			_ 🗆 Add
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ective date, if other th	an the date of filing:		(	optional)	
te: If the date inserted in	date must be specific and cann this block does not meet to the Department of State	he applicable statuto	ling or more than 90 day: ory filing requirement	cafter filing.) Pursuant to 60 s. this date will not be lis	05,020° sted as
cord specifies a delayed of filed.	effective date, but not an e	ffective time, at 12:0	I a.m. on the earlier (	of. (b) The 90th day aft	ter the
DECEMBER 27th	20	21			
ted					

Typed or printed name of signee