L15000/77809

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ALLAHASSEETT DELL

COVER LETTER

		istration Sect sion of Corpo							
cunica			R SALE FLORIDA, LLC						
SUBJEC	- F: .	Name of Limited Liability Company							
The encl	osed	Articles of Ar	mendment and fee(s) are subm	nitted for filing.					
Please re	turn	all correspond	lence concerning this matter to	o the following:					
			TONYA SEAY						
				Name of Person					
			STRATEGIC SUCCESS BI	UILDERS, ELC					
				Firm/Company					
			6516 CAMDEN BAY DR.	#202					
				Address					
			TAMPA, FLORIDA 33635						
				City/State and Zip Code					
			TONYA@STRATEGICSUC						
			E-mail address: (to	be used for future annual report no	tification)				
For furth	er in	formation con	cerning this matter, please cal	ł:					
TONYA	SEA	\Y		813 486-9843 at () Area Code Daytin					
		Name of P	erson	Area Code Daytir	ne Telephone Number				
Enclosed	l is a	check for the	following amount:						
■ \$25.0	00 Fi	ling 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:

TO:

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

HOMES FOR SALE FLORIDA, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 10/20/2015 and assigned
Florida document number L15000177809
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
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 Nam Danistand Amata
Name of New Registered Agent:
New Registered Office Address:
New Registered Agent's Signature, if changing Registered Agent:
City Zi Zip Code C
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

If Changing Registered Agent, Signature of New Registered Agent

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

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>	<u>Address</u>	Type of Action
MGR	RONALD L. SLUSSER, TR. RECUVABLE TRUST	10000 MILANO DRIVE	
		TRINITY, FL 34655	□ Remove
			Change
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			JUNE 1, 20	18, 12:01 A.M.				
ffective date, i an effective date i	f other than the s listed, the date mu	e date of filing st be specific and	ζ:		((optional) s after filing.) Pur	rsuant to 605.f	020
lote: If the date	inserted in this b tive date on the D	lock does not n	neet the applica	ible statutory fi	ling requirement	s, this date will	not be listed	d as
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ated May	2/54) 1/ 8	>				
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Typed or printed name of signee

Filing Fee: \$25.00