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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

Division of Corp			
SUBJECT: We	Come Home R	ealty Tampa Bay	, LLC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	•
Please return all correspon	dence concerning this matter t	to the following:	
	Michael	Si Ca Name of Person	
	Welcome Home	e Realty Tampa	Bay LLC
	16224 Ram	bling Vine Drive	L. W.
	Tampai	FL 33624 City/State and Zip Code	
	MSicas	Brainard Record to be used for future annual report notified	altx. Com
For further information co	ncerning this matter, please ca	dl:	
Michael S Name of	Person	at ( <u>973</u> ) <u>6/0 - 5</u> 0 Area Code Daytime	9/7 Telephone Number
Enclosed is a check for the	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 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

Welcome Home Realty	Tampa Bay LLC
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it'now appears on our records.) liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 160000 11 7 13</u>	were filed on $\frac{01/19/2016}{2016}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi Welcome Home Team LLC	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4806 Centerbrook Court Tampa, FL 33624
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4806 Centerbrook Court Tampa, FL 33624
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	AN BH
New Registered Office Address:	SS
	Enter Florida street address Florida
	City S.7.ip Code
Nov. Designational Assetts Characters of sharping Designational Assetts	

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
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an effective date is liste lote: If the date inser	ner than the date of ad, the date must be speci rted in this block does date on the Departmen	ific and cannot be prior s not meet the applica	to date of filing or more able statutory filing re	quirements, this da	ng.) Pursuant to 605	.0207 ed as
	s a delayed effect ter the record is f		t an effective tim	e, at 12:01 a.m	n, on the earlie	er of
ated April	30th	2018				
	// UCHOU!	e of a member or author	rized representative of a	member		

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Filing Fee: \$25.00