

L16000053674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

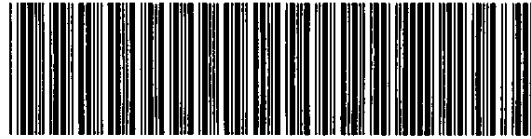
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JUN 15 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

JUN 19 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2017

ALLISON JACOBSEN
6740 SAN SOUCI RD
JACKSONVILLE, FL 32216

SUBJECT: HOMES AND MORE LLC
Ref. Number: L16000053674

We have received your document for HOMES AND MORE 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):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

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) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 117A00011497

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RECEIVED

JUN 15 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Homes And More LLC

(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 03-17-2016 and assigned Florida document number L16000053674.

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 "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)

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TALLAHASSEE, FLORIDA

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:

Allison Jacobsen

New Registered Office Address:

6740 San Souci Rd.

Enter Florida street address

Jacksonville

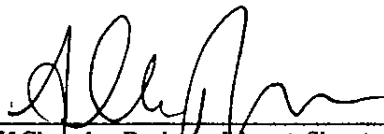
City

Florida 32216

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Ryan Jacobsen	6740 San Souci Rd	<input type="checkbox"/> Add
		Jacksonville, FL 32216	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Allison Jacobsen	6740 San Souci Rd	<input checked="" type="checkbox"/> Add
		Jacksonville, FL, 32216	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
ST	Ryan Jacobsen	6740 San Souci Rd.	<input type="checkbox"/> Add
		Jacksonville, FL 32216	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
ST	Allison Jacobsen	6740 San Souci Rd.	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32216	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

_____, _____
Signature of a member or authorized representative of a member

Ryan Jacobsen Allison Jacobson
Typed or printed name of signee

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CLERK OF DISTRICT COURT
STATE OF FLORIDA
TALLAHASSEE