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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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SECKE MARY OF STATE

J. HARRIS

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:		whomes LLC ited Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
•		Tudson Harr	
	7+	Street Townhones Firm/Company	LC
	206 /	Missor Lake Or. No. Address	<u></u> .
	S <sub>1</sub> .	Peterburg FL 33' City/State and Zip Code	701
	Sun E-mail address: (1	quest MgMt @ gMail.com obe used for future annual report notifie	cation)
For further information of	concerning this matter, please ca	ill:	
Hudson Name o	Harr of Person	at ( <u>117</u> ) <u>421</u> Area Code Daytime	511 8 Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

	Company as it now appears on our re- Limited Liability Company)	cords.)
(A Florida)	Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Co	ompany were filed on6 10	2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
<b>g</b> , <u></u>		16 16 ;
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRE	ESS)	20 3 17
		15 E O
		翌日二
Enter new mailing address, if applicable:		>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		ords, enter the name of the nev
registered agent and/or the new registered office addr	<u>ess here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ddress
		, Florida
	City	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,  $\underline{enter\ the\ title,\ name,\ and\ address\ of\ each\ person\ being\ added}$  or removed from our records:

MGR = Manager

AMBR = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		200 Mirms Lake Dr. N St. Petersburg, FL 33701	E Remove
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`an cife <b>lote:</b> I	ve date, if othertive date is listed the date insent of the date insent in the date in the date.	ed, the date mu erted in this b	ust be specific block does n	and cannot ot meet the	e applicable				ng.) Pursuai		
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_			Ciario	<del></del>		<u> </u>				<u> </u>	71
_	<del></del>		Signature	of a member	or authorize	ed representativ	e of a member	•	STATE FLORID	I.	

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Filing Fee: \$25.00