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(Re	equestor's Name)			
(Ad	dress)			
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(City/State/Zip/Phone #)				
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SECRETARY OF STATE

O. BRUCE DCT 24 2016

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Liberating Homes, LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Daniel O'Bers Ki
Liberating Homes, LLC.
9250 Corkscrew Rd. Site B. Address Estero, Fr. 33928
City/State and Zip Code 25 2
E-mail address: (to be used for future annual report potification)
For further information concerning this matter, please call:
Dan D'Berski or at (239) 334-3040 Name of Person Area Code Daytime Telephone Number Cheryl Brancroft 11 11 11
Cheryl Boncroft 11 11 11
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Fee, Certificate of Status \$ Certified Copy Certificate of Status \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liberating Hon	res, LLC.
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L100017143</u> 7	ere filed on09/08/2016_ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability Liberating Homes, LLC The new name must be distinguishable and contain the words "Limited Liability	: (removing the period)
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ALECT TO SEE TO
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ZI P 3 20 ARY OF STATE ASSEE, FLORIDA
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
·	OKSCrew Rd. Svite #13 Enter Floridu street address
Esteno	City , Florida 33928

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>	Name	Address	Type of Action
			🗖 Add
			□ Remove
			Change
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(If an ef Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
	October 17, 2016.
Dated	
Dated	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00