14000220723

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300293033743

12/14/16--01006--009 **30.00

THE CHANGE TARY OF STATE AND A HANGESEE, FLORIDA

Ġ

ED

S Warren DEC 15 2016

COVER LETTER

	Registration Se Division of Cor			
Cud inc		OME ZONE LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		RONDA HARBER		
			Name of Person	
		IN THE HOME ZONE LL	.c	
			Firm/Company	
			Address	
		TITUSVILLE, FL 32780		
SUBJECT The enclose Please return RONDA			City/State and Zip Code	——————————————————————————————————————
		RONDAHARBER1@GMA		
		E-mail address: (to be used for future annual report notif	ication)
For furthe	er information co	oncerning this matter, please ca	all:	
RONDA	HARBER		321 544-8405 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

IN THE HOME ZONE LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on DECEMBER 06, 2016 and assigned
Florida document number L16000220723	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
IN THE HOME ZONE REALTY LLC	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	> 3 3 3
Principal office address MUST BE A STREET ADDRESS	
	A III
Inter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	Du 3
0 0	d office address on our records, enter the name of the
egistered agent and/or the new registered office address	<u>nere</u> :
N. CN. P. L. IA	
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address
	, 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, 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>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			☐ Remove
			□ Change
			☐ Add
			□ Remove
			☐ Change
			□ Add
			Remove
			Change
			Add
			Remove Change Change Add
			STATE BRemove

_				
_				
_				
				
				
				
_				
<u></u>				
ectiv	e date, if other than the date of filing: (o	ptiona	l) _	
<u>te:</u> If	f the date inserted in this block does not meet the applicable statutory filing requirements,	ifter filin this dat	ig.) Pursu te will no	ant to 605,02 ot be listed
umer	nt's effective date on the Department of State's records.			
reco he 9	ord specifies a delayed effective date, but not an effective time, at 12:0 00th day after the record is filed.	1 a.m	. on th	e earlier
ed _	8th Documber, 2016.	- 1 24 - 1 24 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(2) (3)	
		187 180	<u>ज्</u>	
	Signature of a member of authorized representative of a member	ASS		

Filing Fee: \$25.00

Page 3 of 3