17000027154

(F	Requestor's Name)	
(A	Address)	
(F	Address)	
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S. WARREN JUL 1 2 2017

COVER LETTER

	Registration Divi si on of C			
SUBJEC		HOME REALTY, LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	sed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all corres	pondence concerning this matter	to the following:	
		MARISA K. OLIVE		
			Name of Person	
		HACKLEMAN, OLIVE &	EJUDD, P.A.	
			Firm/Company	
		2426 EAST LAS OLAS B	OULEVARD	
			Address	
		FORT LAUDERDALE, F	LORIDA 33301	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For furthe	r information	concerning this matter, please ca	ull:	
Marisa K	. Olive		954 334-2250 at ()	
	Name	of Person	Area Code Daytii	me Telephone Number
Enclosed	is a check for	the following amount:		
■ \$25.0	0 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

(Name of the Limited L	iability Company as it i	now appears on our record	<u>s.</u>)
(A I	Florida Limited Liability	Company)	
The Articles of Organization for this Limited Liabi Florida document number $\frac{L17000027154}{L17000027154}$	lity Company were fi	led on 02/02/2017	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability co	mpany here:	
The new name must be distinguishable and contain the words	s "Limited Liability Comp	pany," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(ADDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		idress on our records	, enter the name of the new
New Registered Office Address:			
		Enter Florida street address	1
_		, Flo	orida Zip Code
	Cup		Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	und complete performed agent as provide istered office addres	mance of my duties, an d for in Chapter 605, i	nd I am familiar with and F.S. Or-if this throument is

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

Title	<u>Name</u>	Address	Type of Action
MGR	STEVEN M KIRBY, TTEE	P.O. BOX 480820	
		FORT LAUDERDALE, FL 33308	© n
			Change
MGR	Modern Estate Service, LLC	4309 EL MAR DRIVE	= Add
		FORT LAUDERDALE, FL 33308	☐ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
		Remove	
			☐ Change
			Remove
			Signature Signat
			Change

								
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	Sig	gnature of a me	mber or authorize	d representative of	a member	(2)	NA O	E

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Filing Fee: \$25.00