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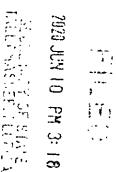
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Holmes for 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:
Carol Holmes Name of Person
Holmes for Homes, LLC Firm/Company
St. Augustine FL 32092 City/State and Zip Code holmes for homes lagnail. Com E-mail address: (to be used for future annual port notification)
St. Augustine FL 32092
holmes for homes a gmail. Com E-mail address: (to be used for future annual port notification)
For further information concerning this matter, please call:
Carol Holmes at (904) 993-4024 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{ \$30.00 Filing Fee & Certificate of Status} \$\times \text{ \$55.00 Filing Fee & Certificate of Status} \$\times \text{ \$Certified Copy (additional copy is enclosed)} \$\times \text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\times \text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$25.00 Filing Fee} \text{ \$25.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$25.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$25.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$25.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$25.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$25.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$25.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$25.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$25.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$25.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$25.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$25.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$25.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$25.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$25.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$25.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$25.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$25.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$25.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$25.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$25.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$25.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$ \$25.00 Filing Fee, Certified Copy (additional copy
Mailing Address: Registration Section Street Address: Registration Section

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

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Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Holmes for (Name of the Limited Li	HOMES, C	s on our records.)	
(A FI The Articles of Organization for this Limited Liabili Florida document number		arch 10,201	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	LLC.		
The new name must be distinguishable and contain the words	"Limited Liability Company," the do	esignation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	<u> </u>	· · · · ·
(Principal office address MUST BE A STREET AI	DDRESS)		; ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	200 - 200 -	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ecords, enter the name o	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
_		, Florida	
_	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

11 1

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>	Address	Type of Action
			
			□Remove
			Change
			□Add
			□Remove
			Change → Add
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effective date is listed, tee. If the date inserted	than the date of filing the date must be specific and do in this block does not be on the Department of	nd cannot be prior to o meet the applicabl			,) Pursuant t	
cord specifies a delay s filed.	ed effective date, but no	ot an effective time	, at 12:01 a.m. on the	earlier of: (b) The	he 90th day	after th
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