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(Ře	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

Divis	sion of Corp	oorations			
SUBJECT:	FLORIDA I	IOMES REALTY & MORTO	GAGE PROPERTY MANAGEMEN	T LLC	
SUBJECT: _		Name of Lim	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		James Angelo			
			Name of Person		
		FLORIDA HOMES REAL	TY & MORTGAGE PROPERTY	MANAGEMENT	
	Firm/Company				
		9191 RG Skinner PKWY	#102		
			Address	····	
		Jacksonville FL 32256			
			City/State and Zip Code		
		locateoffice2@comcast.net			
		E-mail address: (to be used for future annual report notifi	cation)	
For further in	formation co	ncerning this matter, please ca	all:		
James Angelo			904 412-7889 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for the	e following amount:			
\$25.00 Fi	ling 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:

TO:

Registration Section

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

FLORIDA HOMES REALTY & MORTGAGE PROPERTY MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on 03/31/2017	and assigned
Florida document number 1.17000073034		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company "the designation "LLC" or th	ne abbreviation "L.L.C."
		18 18
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	<u>₩</u> ₩
		<u>6 477</u>
		A 490 5 415
Enter new mailing address, if applicable:		<u>호</u>
(Mailing address MAY BE A POST OFFICE BOX)		53 53
registered agent and/or the new registered office ad Name of New Registered Agent:	ldress here:	
		<u> </u>
New Registered Office Address:	Enter Florida street address	
	Florida	Zip Code
New Registered Agent's Signature, if changing Register		,
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the register company has been notified in writing of this change	nt and agree to act in this capacity. I further complete performance of my duties, and I agent as provided for in Chapter 605, F.S. red office address. I hereby confirm that the	im familiar with and Or, if this document is
	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
MGR	Tiffiancy L Blocker	9191 RG Skinner PKWY #102	Add
		Jacksonville F1. 32256	□ Remove
			☐ Change
MGR	James V Angelo	9191 RG Skinner PKWY #102	Add
		Jacksonville Fl 32256	■ Remove
			□ Change
		-	□ Add
			□ Remove
			☐ Change
			
			☐ Remove
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fective date, if other than the	late of filing	; <u>— </u>	. 1		_ (optional)	
an effective date is listed, the date must ote: If the date inserted in this blo ocument's effective date on the De	ek does not m	eet the applica				
e record specifies a delayed The 90th day after the reco		ate, but no	t an effectiv	e time, at 1	2:01 a.m. or	ı the earlier
ated		2018	·			
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Filing Fee: \$25.00