L17000117779

(Rec	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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S. WARREN FEB 0 2 2018

COVER LETTER

Homes By	Holly, LLC		
OBJECT.	Name of Limi	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Holly Poore		
		Name of Person	
		Firm/Company	
	741 SW 173rd Lane		
		Address	
	Pembroke Pines, FL 33029	,	
	SFLHomesByHolly@gmail	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	cation)
For further information	concerning this matter, please ca	all:	
Holly Poore		954 559-4379 at ()	
Name	of Person		Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Fiting 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

Division of Corporations

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

Homes By Holly, LLC	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
ne Articles of Organization for this Limited Liab orida document number <u>L17000117779</u>	pility Company were filed on May 30, 2017 and assigned and assigned
is amendment is submitted to amend the follow	ving:
If amending name, enter the new name of the	he limited liability company here:
olly M. Poore, LLC	
e new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicab	ole:
rincipal office address MUST BE A STREET	ADDRESS)
nter new mailing address, if applicable:	
failing address MAY BE A POST OFFICE BO	OX)
reserve was con with DD / ca DD 1 01 1 100 D	
If amending the registered agent and/or gistered agent and/or the new registered office	r registered office address on our records, <u>enter the name of the</u> ce address here:
Name of New Registered Agent:	
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 Rability 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
12	Michael Poore	741 Sw 173 Lane	□ Add
		741 Sw 173 Lone Pembriolis Pinos, Fl 33029	Remove
			Change
	<u> </u>		Add
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			Remove
			_□ Change

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Page 3 of 3

Filing Fee: \$25.00