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(Red	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Home For	Good Realty LLC: no of Limited Liability Company
The enclosed Articles of Amendment and fee(s	are submitted for filing.
Please return all correspondence concerning the	is matter to the following:
	Dana Chase Name of Person
	tome For good Realty, LLC Firm/Company
	17 Grand Central Dr. AFE
	Norman Central Dr. Address Norman File Com Norman
٨	achase 1 @ g mail. Com address: (to be used for future annual report notification)
For further information concerning this matter,	please call:
Dana Chase	at (727) 938-9102 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25 00 Filing Fee \$30.00 Filing Fee Certificate of \$	ee & \$\subseteq\$ \$55 00 Filing Fee & \$\subseteq\$ \$60.00 Filing Fee, Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Home For Good,	Realty, LLC
	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L170001704</u> 12	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Florida Smart The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	OF STATE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent	

N

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Change
			□Add
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Effective	e date, if other than ive date is listed, the date	the date of	filing: _				(ор	tional)		
Note: If	the date inserted in thi	s block does	not mee	t the applic	able statuto	ng or more tha ry filing requ	n 90 days af iirements, t	er filing.) P his date wi	ursuant to II not be	5 605,020 : listed a:
locumen	t's effective date on th	e Departmen	t of State	e's records.						
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