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**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FAMILY HOME LIVING LLC   Art of Inc. File  LTD Partnership File  Foreign Cup. File  LC. File  Ficitious Name File  Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation  Dissolution / Whithdrawal  Annual Report / Reinstamment  Cent. Copy  Photo Copy  Certificate of Good Standing  Certificate of Status  Certificate of Fictitious Name  Corp Record  Officer Search  Fictitious Owner Search  Fictitious Owner Search  Vehicle Search  Driving Record  UCC 1 or 3 File  UCC 11 Search  UCC 11 Reirieval				
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Fictitious Name File  Trade/Service Mark  Merger File  ✓ Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  — Annual Report / Reinstatement  — Cert. Copy  ✓ Photo Copy  — Certificate of Good Standing  — Certificate of Fictitious Name  — Corp Record Search  — Officer Search  — Fictitious Search  Fictitious Owner Search  Driving Record  Requested by: BA  10/13/17  Name  Date  Time  Will Pick Up  Courier  UCC 11 Retrieval				
Trade/Service Mark				
Merger File  ✓ Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  — Annual Report / Reinstatement  — Cert. Copy  ✓ Photo Copy  — Certificate of Good Standing  — Certificate of Status  — Certificate of Fictitious Name  — Corp Record Search  — Officer Search  — Fictitious Search  — Fictitious Search  — Vehicle Search  — Driving Record  Requested by: BA  10/13/17  Name  Date  Time  Walk-In  Will Pick Up  — Courier  — Corrier  — Varies  — UCC 11 Retrieval				Fictitious Name File
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Certificate of Status			<u>✓</u>	Photo Copy
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		Will Pick Up		Courier

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

FAMILY HOME LIVING LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	ony)
The Articles of Organization for this Limited Liability Company were filed or	on 09/28/2017 and assigned
Florida document number L17000201248	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
CHRISTINE D. BACELO LLC	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	ca.
Enter new mailing address, if applicable:	<u>س</u>
(Malling address MAY BE A POST OFFICE BOX)	<del>"</del>
B. If amonding the registered agent and/or registered office address registered agent and/or the now registered office address here:	s on our records, enter the name of the new
Name of New Registered Agent:	
Now Registered Office Address:	
Enter	Florida straet oddress
· · · · · · · · · · · · · · · · · · ·	, Florida
Clty	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 liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

### COVER LETTER

TO: Re	gistration S vision of C	Section orporations		
SUBJECT:		HOME LIVING LLC		
SOBJECT:	·	Name of Lim	lted Linbility Company	
The enclosed	d Àrticles o	f Amendment and fee(s) are sub	mined for filing.	
Please return	all corresp	ondence concerning this matter	10 the following:	
	•	CHRISTINE D. BACELÓ		
			Name of Person	<del></del> -
		FAMILY HOME LIVING	LLC	
			Firm/Company	
	. ,	4900 TREE TOP TRAIL		
	• •	-:	Address	
	•	PORT PIERCE, FLORIDA	. 34951	
	ı	. :	City/State and Zip Code	
		E-mail address; (le	be used for future annual report notifi	ication)
For further in	formation c	concerning this matter, please cal	N:	
CHRISTINE	BACELO		305 725-2523	
	Name of Limited Liability Company  d Articles of Amendment and fee(s) are submitted for filing.  n all correspondence concerning this matter to the following:  CHRISTINE D. BACELO  Name of Person  FAMILY HOME LIVING LLC  Firm/Company  4900 TREE TOP TRAIL  Address  PORT PIERCE, FLORIDA 34951  City/State and Zip Code  CHRISTINEBACELO@GMAIL.COM  E-mail address; (to be used for future annual report notification)  formation concerning this matter; please call:  BACELO  Name of Person  Area Code  Daytime Telephone Number  check for the following amount:			
Enclosed is a	check for th	ne following amount:		
□ \$25.00 Fi	ling Fec	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	•			, , ,

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, PL 32301

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
AMBR	MICHAEL BACELO	;	4900 TREE TOP TRAIL	D Add
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Filing Fee: \$25.00