117000203370

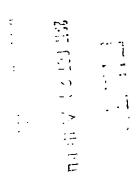
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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10/23/17--01025--009 **25.00



COVER LETTER

	SE HOME B	UYERS, LLC	
SUBJECT:		ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	-	
	GEO	RGE (TREY) MILLER Name of Person	<u>. </u>
	Law Office o	f Trey E. Miller III, P.	Α
	1501 NW 49th	Street, Suite 203	
	Fort Lauderd	Address	
	trey@treymil.	City/State and Zip Code	
	- -	to be used for future annual report notific	ration)
For further information of	concerning this matter, please co	all:	73
Trey Mi	iller	at (954) 981-930	
	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing 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)
MAII	ING ADDRESS:	STREET/COURIE	R ADDRESS:

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SF HOME BUY	•			
(Name of the Limited (A	Liability Compan Florida Limited Li	y as it now appears on ability Company)	our records.)		
The Articles of Organization for this Limited Liab	ility Company v	vere filed on	tober 2, 201	7 and a	ıssigned
Florida document numberL17000203370	.				
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	ne limițed liabil	lity company here:	.0		
The new name must be distinguishable and contain the word	ls "Limited Liabilit	ty Company," the design	nation "LLC" or the a	bbreviation "	L.L.C."
Enter new principal offices address, if applicab	le:	1501 NW	49th Street,	Suite 2	.03
(Principal office address MUST BE A STREET.	ADDRESS)	Fort Lau	derdale, FL 3	3309	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	Same as	above	, F.2	
				,	• • •
B. If amending the registered agent and/or registered agent and/or the new registered offic	e address here:	:	:	the nam	e of the new
Name of New Registered Agent:	G	eorge (Trey) N	Miller	<u>:</u>	
New Registered Office Address:	1501 NW 4	19th Street, S	uite 203	•	
	_	Enter Florida :	treet address		
	Fort Lauc		, Florida	33309	
		City		Zip Соа	le

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

Page 1 of 3

· 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	Trey Ceorge Miller	1501 NW 49th Street, Suite 203	
		Fort Lauderdale, FL 33309	EK Remove
			⊡ Change
MGR	George (Trey) Miller	1501 NW 49th Street, Suite 203	/Z XAdd
		Fort Lauderdale, FL 33309	□ Remove
			Change
			Add
			Remove
			Change
			Remove
			↑; ; □ Change
			Remove
			Change
			Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,)	
. , ,		
		
		
		
		
	. ,	
	•	
		•
	-	
Effective date, if other than the date of filing:	Pursuant to fill not be	o 605.0207 (3)(b) listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o The 90th day after the record is filed.	n the e	arlier of:
Dated October 18 2017		
Signature of a member or authorized representative of a member		_
George (Trey) Miller		_
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00