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FEB 15 20:5 J. HARRIS

COVER LETTER

	COTTAGES LLC	,	
SUBJECT:	Name of Lim	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:	
	THUL LIU		
		Name of Person	
	HOMEY COTTAGES LL	c	
		Firm/Company	
	8135 NW 51st DR		
		Address	
	Gainesville, FL 32653		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	daniel.liu@homeycottages.e		
	E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please co	all:	
I HUI LIU		352 213-0057	
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 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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOMEY COTTAGES LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our record ability Company)	<u>(s.</u>)
he Articles of Organization for this Limited Liability Company v	vere filed on 10/06/2017	and assigned
lorida document number L17000207131		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabil	ity company here:	
NA		
he new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC	" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	NA	. 23
Principal office address MUST BE A STREET ADDRESS)		. نن - ۲
	-	
nter new mailing address, if applicable:	N/A	··
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		C. Y
. If amending the registered agent and/or registered off egistered agent and/or the new registered office address here.		s, enter the name of the
Name of New Registered Agent:	- N/A	
New Registered Office Address:	Enter Florida street addres	ss
		orida
	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 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, 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
AMBR	HUI WEN HUNG	8135 NW 51st DR, Gainesville, FL	■ Add
			🗆 Remove
		<u> </u>	Change
		 	□ Add
			□ Remove
			Add
			Remove
		 	
			Add
		 	□ Remove
			Change
			Change
	·		
			□ Remove

The original AR I HUI LIU would be AMBR who owns 1% parnership of the HOMEY	COTTAGES LLC.
	
	<u> </u>
,	
ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 de: If the date inserted in this block does not meet the applicable statutory filing requireme	lays after filing.) Pursuant to 605.02
ument's effective date on the Department of State's records.	ints, this date will not be listed
record specifies a delayed effective date, but not an effective time, at 1 he 90th day after the record is filed.	2:01 a.m. on the earlier
ne sour day after the record is med.	د می دست
ed February 11th 2018	_ ,
ed February 11th , 2018. Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00