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## **COVER LETTER**

ro:	Registration Se Division of Cor			
ntin to		E MANAGEMENT LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	···-
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		JEREMIAH COLBY BRI	GGS	
		247 HOME MANAGEME	Name of Person	
		400 OYSTER RD	Firm/Company	
		N PALM BEACH FL 334	Address 08	
		247ESTATEMANAGEME		
For furt	her information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notifiall:	cation)
JEREM	IAH COLBY BR	riggs	561 254-0807 at ( )	
	Name o	f Person		Telephone Number
Enclose	d is a check for th	ne 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 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

247 ESTATE MANAGEMENT		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our recor Liability Company)	<u>(ds.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 12/5/2017	and assigned
Florida document number L17000248554		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
247 HOME MANAGEMENT LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL.	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS)	·	79
		三生工
		122
Enter new mailing address, if applicable:		J
Mailing address MAY BE A POST OFFICE BOX)		
		55
		3*
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255
	<del></del>	lorida
	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>	<u>Name</u>	Address	Type of Action
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			Change
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fecti	ve date, if other than the date of filing: (optional)
	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	90th day after the record is filed.
	1-15- 2019
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Typed or printed name of signee

Filing Fee: \$25.00