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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER NAY 11 2018

COVER LETTER

TO: Registration Section Division of Corporations	
RE FLORIDA HOMES LLC	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
DORINA LIPOVANCIUC	
	<u> </u>
Name of Person	
RE FLORIDA HOMES LLC	
Firm/Company	
3800 S OCEAN DRIVE, APT 511	
Address	
HOLLYWOOD, FL 33019	
City/State and Zip Code	
DORINA@REFLORIDAHOMES.COM	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please	e call:
DORINA LIPOVANCIUC at (954 614 - 4274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section
Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	Amendood, Alonda Jajiy
Enclosed is a check for the following amou	int:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RE FLORIDA HOMES, LLC			
(Name of the Lim	(A Fiorida Limited	iny as it now appears on o Liability Company)	our records.)
The Articles of Organization for this Limited I	iability Company	were filed on 4/12/201	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
he new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2719 HOLLYWOOD	BLVD, A-1395
(Principal office address MUST BE A STREET ADDRESS)		HOLLYWOOD, FL 3	3020
			3020
nter new mailing address, if applicable:		3800 S Ocean Drive, A	Apr. 511
(Mailing address MAY BE A POST OFFICE BOX)		HOLLYWOOD, FL 3	3019
. If amending the registered agent and	or registered of	fice address on our	records, enter the name of the new
egistered agent and/or the new registered o	fice address here	:	
Name of New Registered Agent:	GABRIELA BU	JERY	
New Registered Office Address:	2719 HOLLYW	OOD BLVD, A-1395	
		Enter Florida stre	et address
	HOLLYWOOD		, Florida 33020
		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 Agest, 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>	Name	Address	Type of Action
MGR	IVANOV, LANA	8430 NADMAR AVE	
		BOCA RATON, FL 33434	■ Remove
			Change
MGR	GABRIELA BUERY	2719 HOLLYWOOD BLVD	⊒ Add
		A-1395	□ Remove
		HOLLYWOOD, FL 33020	□ Change
			Remove
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Effecti	ve date, if other than the date of filing: (optional) cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant t	. (05.0007	(3) d
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	e listed as t	he he
aocum	ent's effective date on the Department of State's records.		
he rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e	arliar afi	
The	90th day after the record is filed.	giller Oi.	
	MAY		
Dated	MAY 3 , 2018		
	10109 L		
	Signature of a member or arithorized representative of a member	_	
	DORINA LIPOVANCIUC		

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Filing Fee: \$25.00