

L180000094675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Title

Office Use Only



800376038108

11/08/21--01010--023 **52.50

A. BUTLER

JAN 22 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Home Pros of The Treasure Coast LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darrell Timmerman
Name of Person
Home Pros
Firm/Company
9165 103rd Ave
Address
Vero Beach, FL 32967
City/State and Zip Code
homeprostc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff W. Purcella at (239) 785-5942
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HOMEPROSOFTHETREASURECOASTLLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/05/2021 and assigned
Florida document number L-18000094675.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9165 103rd Ave.

Vero Beach, FL. 32967

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9165 103rd Ave.

Vero Beach, FL. 32967

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

AMBR	Jeff W. Purcella	1217 Cape Coral PKWY E.	<input checked="" type="checkbox"/> Add
		230	<input type="checkbox"/> Remove
		Cape Coral, FL. 33904	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 01-07-2022,

Daniel Tins
Signature of a member or authorized representative of a member

Darrell Timmerman
Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JAN 18 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FL

January 4, 2022

DARRELL TIMMERMAN
9165 103RD AVE
VERO BEACH, FL 32967

SUBJECT: HOMEPROSOFTHETREASURECOASTLLC
Ref. Number: L18000094675

We have received your document for HOMEPROSOFTHETREASURECOASTLLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 022A00000221



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JAN -3 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FL

November 23, 2021

DARRELL TIMMERMAN
PO BOX 7960
PORT SAINT LUCIE, FL 34985

SUBJECT: HOMEPROSOFTHETREASURECOASTLLC
Ref. Number: L18000094675

We have received your document for
HOMEPROSOFTHETREASURECOASTLLC and your check(s) totaling \$52.50.
However, the enclosed document has not been filed and is being returned for the
following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a
LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank
form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 821A00028317