

L180000 94722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

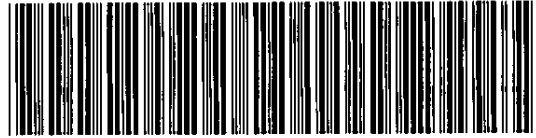
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2018 MAY 14 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Barefoot Dream Homes Residences, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward Hoofnagle

Name of Person

Barefoot Dream Homes Residences, LLC

Firm/Company

12755 Indian Rocks Rd,

Address

Largo, FL 33764

City/State and Zip Code

edhoofnagle@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ed Hoofnagle

at (727) 400 6672

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Barefoot Dream Homes Residences LLC

(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 4/16/2018 and assigned
Florida document number L18000094722

This amendment is submitted to amend the following:

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

Barefoot Dream Homes Residences, LLC (added comma)

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:

12755 Indian Rocks Rd.,

(Principal office address MUST BE A STREET ADDRESS)

Largo, FL 33764

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12755 Indian Rocks Rd.,

Largo, FL 33764

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

2018 MAY 14 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ed Hoofnagle (appears 2X, remove both)	2 - 5th Ave	<input type="checkbox"/> Add
		Indian Rocks Beach, FL 33785	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	34Stonewall Lane, LLC	2 - 5th Ave	<input checked="" type="checkbox"/> Add
		Indian Rocks Beach, FL 33785	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Soft-Key International, Inc.	2 - 5th Ave	<input checked="" type="checkbox"/> Add
		Indian Rocks Beach, FL 33785	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ed Hoofnagle	12755 Indian Rocks Rd.	<input checked="" type="checkbox"/> Add
		Largo, FL 33764	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SANJEEV MIDHA	12755 Indian Rocks Rd.	<input checked="" type="checkbox"/> Add
		Largo, FL 33764	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2018 MAY 14 PM 4:00
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 May 9, 2018

Elmer A. H. S.
Signature of a member

Signature of a member or authorized representative of a member

Edward Hoofnagle, Manager

Typed or printed name of signee