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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER JUL 19 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 30 A Home Tongruement 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:
Ronald C. Piers JR. Name of Person
Firm/Company
19408 ALTA UISTA DR.
Panama City FL. 33413 City/State and Zip Code Friendly Corporate Filmon amail.com E-mail Aldress: (ib be used for future annual report notification)
Friendly Corporate Filmon amail.com E-mail address: (ib be used for future annual report non-freation)
For further information concerning this matter, ptease call:
Ronald Piers JP. at (850), 259 - 9166 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

30 A Home I	ity Chmpany as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability (Company were filed on $\frac{7/2/208}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRE JARY OF LORI
B. If amending the registered agent and/or regi	istered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida stree! 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

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
MBR	Boneld Piers JR.	19408 ALHA VISHA DZ	D_A00
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Page 3 of 3

Filing Fee: \$25.00