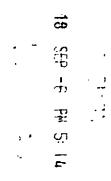
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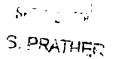
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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### **COVER LETTER**



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SUBJECT:		Home	Sold LLC		
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			EIN'.	30-1121289	
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for tiling.		
Please return	n all correspo	ndence concerning this matter	to the following:		
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			Home Sold 5 to be used for future annual report not	610gmail.c	7~
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For further	information c	oncerning this matter, please ca	all:		
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	Name o	f Person	Area Code Daytin	ne Telephone Number	1
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ما		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 (addational copy is enclose	
1 -				,	

#### 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

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_\_ 8/1 / 2018 \_\_\_ and assigned Florida document number \_\_\_ 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 "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Floyida street address City 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

lf amendir <u>or remove</u>	ng Authorized Person(s) authorized to mand from our records:	nage, <u>enter the title, name, and address of ca</u>	en person being adde
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	record specifies a delayed effective date, but not an effective time, at 12: ne 90th day after the record is filed.	of a.m. on the earlier of
	Signature of a member or authorized representative of a member  NUMLE Standara  Typed or printed name of signee	8 SEP = 6 Pt.
	Page 3 of 3 Filing Fee: \$25.00	ري اين اين