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S. YOUNG

JUN 1 9 2020 |

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

Be SUBJECT:		nks Bus. LLC			
Sobsect.		Name of Lim	ited Liability Company		
The enclosed Ar	ticles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all	correspon	idence concerning this matter	to the following:		
		Adrian Poveda			
			Name of Person		
		-	Firm/Company		
		4477 Adams Avenue			
			Address		
		Miami Beach, Florida 331-	40		
		poveda21ja@hotmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report noti-	fication)	
For further infort	mation co	ncerning this matter, please ca	all:		
Adrian Poveda			913 240-1210 at ()		
	Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed is a che	eck for the	following amount:			
■ \$25.00 Filing	g 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 (additional copy is enclosed)	
	Address: ration Se		Street Address:	ation	
_		rporations	Registration Section Division of Corporations		
	ox 6327		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beds & Drinks Bus. 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 I	Liability Company were filed on 8/	7/2018	and Assigned
Florida document number L18000188878	·		0.
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability company h	ere:	
Homestead Green Projects, LLC			
The new name must be distinguishable and contain the	words "Limited Liability Company," the	lesignation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address if applicables			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addresses		ecords, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:	Adrian Poveda		
New Registered Office Address:	4477 Adams Avenue		
	Enter Flo	rida street address	
	Miami Beach	, Flo	rida 33140
	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, accordence or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	<u>1</u>	ype of Action
MGR	Beds & Drinks Holdings, LLC	4477 Adams Avenue		_□Add
		Miami Beach, Florida 33140		Remove
				_
MGR	Adrian Poveda	4477 Adams Avenue		_ ≣ Add
		Miami Beach, Florida 33140		_ 🗆 Remove
				_ □Change
				_ 🗀 Add
				_ □Remove
				_ □Chang€
				_ 🗆 Add
				_ □Re _'
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f an effect <u>Note:</u> If	date, if other than the date of filing:
e record s d is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	May 28th . 2020.
	Signature of a member or authorized representative of a member
	Adrian toveda Typed or printed name of signee