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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Se Division of Cor		·	
SUBJECT: Die	sel Renovat	ions LC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Revie Hajek	
		Firm/Company	
	276 144	Address NE	
	Naples,	City/State and Zip Code  City/State and Zip Code  Cin Q Maili Con to be used for thure annual report notif	)
	March Kee	in Quail, dh	1ication)
For further information of	concerning this matter, please c	all:	
Kevin	Hajek	$\underbrace{ \text{at} \left( \underbrace{227} \right) - 338}_{\text{Area Code}} \underbrace{ \text{Daytime}}_{\text{Daytime}}$	-8800
Name c	n Person	Area Code Driytime	retephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$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, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Co	ns L(C	
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp		DIP and assigned
Florida document number <u>4180002736</u> 2	3	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
i Home Team, LLC The new name must be distinguishable and contain the words "Limited I		
The new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<del>- 30</del> 2
B. If amending the registered agent and/or registered	d office address on our resords, et	tor The name of the new
registered agent and/or the new registered office address	here:	23 7
Name of New Registered Agent:		0.1
New Registered Office Address:		<u> </u>
	Enter Florida street address	,,-
	, Florid	aZıp 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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	,—, <u>—,—,——————————————————————————————</u>		Add
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	ive date, if other than the date of filing: 10/18/19 (optional)
Hect: San eti	ive date, if other than the date of filing:(optional) (optional) (ective 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)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
locum	ent's effective date on the Department of State's records.
e rec	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The	90th day after the record is filed.
Yan ta an al	10/18 2019
ated	
	The state of the s
	Signature of a member or authorized representative of a member
	Kevin Hajek
	Total and the second se

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Filing Fee: \$25.00