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(Kec	questor's Name)	
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COVER LETTER

The Home SUBJECT:	Discovery Team LLC		
	Name of Limi	ted Liability Company	
		,	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	,
	Kevin Asenjo		·
		Name of Person	
	Kevin Asenjo, LLC (forme	r The Home Discovery Team LLC)	
		Firm/Company	
	5648 Pats Pt	, ,	
		Address	
	Winter Park, FL 32792		
	info@lausconsult.com	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	ill:	
Kevin Asenjo		407 844-5252 at ()	
Name	of Person		Telephone Number
Enclosed is a check for	the 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 (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

STREET/COURIER ADDRESS:

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

TO ARTICLES OF ORGANIZATION **OF**

THE HOME DISCOVERY TEAM 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 Compa	my were filed on $\frac{12/3}{1}$	/2018	and assig
Florida document number £18000278397			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company her	<u>e</u> :	
KEVIN ASENJO, LLC			
The new name must be distinguishable and contain the words "Limited Li	ability Company," the des	ignation "LLC" or the abbrev	
Enter new principal offices address, if applicable:			1015 J.C.
(Principal office address MUST BE A STREET ADDRESS)			د ا
			, 1 0.3
Enter new mailing address, if applicable:			7
, ,	-		ئ ئ
(Mailing address MAY BE A POST OFFICE BOX)			
			
6 6 6 F		our records, <u>enter the</u>	name o
		our records, enter the	name o
registered agent and/or the new registered office address h Name of New Registered Agent:		our records, enter the	name o
registered agent and/or the new registered office address h	oere:	our records, enter the	name o
registered agent and/or the new registered office address h Name of New Registered Agent:	oere:	la street address	name o
registered agent and/or the new registered office address h Name of New Registered Agent:	ere: Enter Florie	la street address , Florida	
registered agent and/or the new registered office address h Name of New Registered Agent:	Enter Florie	la street address , Florida	name o

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 A
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(If an ef Note:	ive date, if other than the date of filing:
b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies a 90th day after the record is filed.
Dated	JUNE 25 2019
	JUNE 25 2019 Ku Mass Fignature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	KEVIN ASENJO
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00