118000289395

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(Add	ress)	
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JAN 1 4 2019 S. YOUNG

COVER LETTER

TO: Registration S Division of Co			
HomeLogi SUBJECT:	x LLC		
SUBJECT:	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:	
	Sean Sanders		
		Name of Person	
		Firm/Company	
	12255 Lepera et		
	Orlando, FL 32824	Address	
	seansandersorl@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Sean Sanders		407 949 2116	
Name (of Person	at ()	e Telephone 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 (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Homel.ogix		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our record- nted Liability Company)	<u>v.</u>)
The Articles of Organization for this Limited Liability Comp Florida document number 118000289395	pany were filed on 12/18/2018	and assigned
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 "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		19 JAN -7 PH
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		6:
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	s ·
	Fle	orida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR Sean Sanders	12255 Lepera CT Orlando FL 32824	Add	
			□ Remove
			Change
			Add
			□ Remove
		Change	
		🗀 Add	
		□ Remove	
			□ Change
			Add
			□ Remove
		☐ Change	
		□ Remove	
		□ Change	
		□ Add	
		☐ Remove	
			☐ Change

•	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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•	
<u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member
	Sean Sanders

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Filing Fee: \$25.00