# 1190000007465

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## **COVER LETTER**

TO:	Registration Section Division of Corporation	s		
SUBJE	ict: <u>Put you</u>	Y hand in Name of Limit	MINE HOMECUVE ed Liability Company	LLC
The enc	losed Articles of Amendm	ent and fee(s) are subm	nitted for filing.	
Please r	eturn all correspondence co	oncerning this matter to	o the following:	
		DeAndrea	L MOOVE Name of Person	
		Put your	hand in mine Firm/Company	<del></del>
		379 macan	Dr Address	
		Tit usville	City/State and Zip Code	
	_ <u>d</u>	ncore a Putu E-mail address: (to	be used for future annual report notice	fication)
For furth	her information concerning	this matter, please call	:	
Der	Andrea L Moo Name of Person	re	at (321 ) 890 - 9 Area Code Daytime	9737 e Telephone Number
Enclosed	d is a check for the following	ng amount:		
\$25.		00 Filing Fee & rtificate 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 P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

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

### TO ARTICLES OF ORGANIZATION OF

Put Your Hand in Will (Name of the Limited Liability Compan (A Florida Limited Li	e Home Cove LLC  y as it now appears on our records.)  ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L1900007465</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	ice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
	emer rioriaa sireel aaaress
-	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.

# or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Deffrdreg L Moore	379 macon Dr	<b>jX</b> Add
			Remove
			□ Change
			Add
			☐ Remove
		<u></u>	☐ Change
<del></del>			
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			Remove
			Change
<del></del> .	<del></del>		Add
			Remove
			□ Change

E. Effect	ive date, if other than the date of filing: (optional) fective 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 x b)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	is a second date on the Separate of State 3 records.
If the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
ווי (ט)	90th day after the record is filed.
	0.11.0.0
Dated	<u>4 23 20 4</u>
	Marie & Marie
	Signature of a member or authorized representative of a member
	Departure of a member or authorized representative of a member
	Denodra L Moore Typed or printed name of signee
	Lyped or printed name of signee

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Filing Fee: \$25.00