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## **COVER LETTER**

TO: Registration Se Division of Cor				
O = 145 443 4143	Back Home properties			
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:		
	Timothy O'Neill			
		Name of Person		
	Welcome Back Home prop	perties, LLC		
		Firm/Company		
	4502 Hidden Forest Lane			
		Address		<del></del>
	Sarasota, Florida 34235			نہ
	timz.space@gmail.com	City/State and Zip Code		2024 JAN -3 AM 10: 04 SECT LIST SEE TATE STALL STATE STALL Imber
	E-mail address: (	to be used for future annual	report notification)	一层艺
For further information c	oncerning this matter, please ca	all:		300 <b>=</b>
Timothy O'Neill		941 91. at ( )	5-3115	AIO.
Name o	f Person	Area Code	Daytime Telephone N	fumber TH P
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is enc	Cer closed) Cer	.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
Mailing Address		Street A		
Registration Section Division of Corporations			ration Section of Corporations	
P.O. Box 632	<del>-</del>		entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Welcome Back Home properties, 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 Company were filed on January 14, 2019 \_\_\_\_ and assigned Florida document number L19000014164 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 "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_. Florida \_\_

## 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.

Circ

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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If an effective date is	other than the date listed, the date must be s nserted in this block over date on the Depart	specific and cannot be does not meet the a	prior to date of fil applicable statute	ing or more than 90	) days after filir	ig.) Pursuant to 605	.0207 ( ed as (
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document's effecti e record specifies a	delayed effective dat						
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document's effecti e record specifies a rd is filed.	Limochs!		<u> </u>				

Filing Fee: \$25.00