## 119000/09019

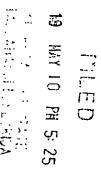
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O SIMMONS JUN 03 2019

## COVER LETTER

Division of Co			
SUBJECT:	Home Reborn of F Name of Lim	Torida LLC fied Leibility Company	·· <del>·····</del>
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jennif	er A. Englert	
	Ine (	Orlando Law Group, PL Firm/Company	
	1230	1 Lake Underhill Road, Sui	te 213
		Address	
	Orlan	do, FL 32828 City/State and Zip Code	<del></del>
	jschm E-mail address (	itt@theorlandolawgroup.cc	om neutication)
For further information	concerning this matter, please ca	·	
Jennifer A.	Englert	at ( <u>407</u> ) <u>512-4</u> Area Code Da	394
Name (	of Person	Area Code Da	ytime 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 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Home Reborn (Name of the Limited (A	of Florida LLC   Liability Company as it now appears on our records.)   Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	bility Company were filed on04/22/2019 and assigned	
florida document number <u>L19000109019</u>	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
he new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicab	ole:	
Principal office address MUST BE A STREET	ADDRESS)	
	5: 25	
Enter new mailing address, if applicable:	> Q	
Mailing address MAY BE A POST OFFICE BC	<u> </u>	
B. If amending the registered agent and/or egistered agent and/or the new registered office	r registered office address on our records, <u>enter the name of the ce address here</u> :	
Name of New Registered Agent:		
New Registered Office Address:	12301 Lake Underhilt Road, Suite 213 Enter Florida street address	
	Orlando Florida 32828	
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert VanderMeulen	6930 Greenhorn Path	□ Add
		Saint Cloud, FL 34771	Remove
			□ Add
			∷   □ Remove
			☐ Change
			Add Add
			77 27 □ Remove
			Change
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n effective date is listed, the cotes. If the date inserted in	an the date of filing:	date of filling or more than 90 days:	optional) after filing.) Pursuant to 605 this date will not be liste
record specifies a de he 90th day after th	elayed effective date, but not a ne record is filed.	an effective time, at 12:0	I a.m. on the earlis
ted	May 2 , _2019  Signature of a fichibety of authors		
	O 4 4 10		

Page 3 of 3

Filing Fee: \$25.00