L19 000 113130

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



Wes-



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05/13/19--01017--022 **35.00

C. GOLDEN JUN - 6 2019

COVER LETTER

TO: Registration Se Division of Con			
SUBJECT:	Touches of	Home Realty, L	LC
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and foo(e) are cub	mitted for filing	
		_	
riease return an correspo	didence concerning this matter	to the following.	
		Stacy Wolf	
	5 (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
	louche	es of Home Realty	, LLC
		rimi/Company	
	1562	7 Century Dr	
		, - 1120 - 220	
		udson, FL 346	067
	t v	City/State and Zip Code	
•	Touches E-mail address: (30+ home F1 @ arm	allection)
For further information c			
Sisa	1.1.16		
Name o	1 Person	at (352) 359- Area Code Davtime	0813 Telephone Number
		•	·
Finctosed is a check for the	ie following amount:		
We sent	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
information	ause that was a found on time		
Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce	n ations

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 23, 2019

STACY KAY WOLF 15627 CENTURY DRIVE HUDSON, FL 34667

SUBJECT: TOUCHES OF HOME REALTY LLC

Ref. Number: L19000113130

2019 JUN -5 AH 10: 28

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

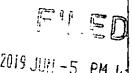
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 319A00010499

Tam not sure who will be working this file next. The original application for this change that was sent in was pull directly from on-line as was the fee amount. I am trying so hard to get this corrected so that I can get everything up and going. Please let me know if there is anything I can do to speed this up "" I can I can and email anything you need. Scan and email anything you need.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Touches of	Home Realty L ability Company as it now appears on our lorida Limited Liability Company)	LC
(Name of the Limited Li (A F)	ability Company as it now appears on our orida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabili Florida document numberL19000113130_		25/2019 and assigned
This amendment is submitted to amend the following	g:	
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	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:	
(Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or re registered agent and/or the new registered office :		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	City	, Florida
	(m)	ray 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	Lawrence W Wolf II	12121 Little Rd # 321	🗖 Add
		Hudson, FL 34667	Remove
			Change
			
			Remove
			Change
			Add
			□ Change
			Add
			☐ Remove
			Change
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			Change
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ote: If the c	e, if other than the dat te is listed, the date must be s ate inserted in this block of fective date on the Depart	does not meet the ap	oplicable statutory t	(opti or more than 90 days afte iling requirements, th	ional) r filing.) Pursuant to 605.020 is date will not be listed as
	ecifies a delayed eff		t not an effectiv	e time, at 12:01	a.m. on the earlier o
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ated	·	nature of a member or	Toll	tina at a mambar	

Page 3 of 3

Filing Fee: \$25.00