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10/26/20--01031--005 **25.00

S. YOUNG



COVER LETTER

Division of Cor	porations		
HOMEQUI	EST ASSOCIATES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
r tease return air correspo	muchee concerning ans matter	to the following.	
	JOSEPH L CAIXEIRO		
		Name of Person	
		Firm/Company	
	7830 128TH STREET		
		Address	
	SEMINOLE FL 33776		
	RBOLEK@AOL.COM	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	tication)
For further information c	oncerning this matter, please c	all:	
RICHARD BOLEK		727 422-6818	
Name o	f Person	at () Area Code Daytim	te Telephone Number
Enclysed is a check for the	he following amount:		
N \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	[7] \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	

P.O. Box 6327

Tallahassee, FL 32314

Registration Section

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOADOURET ACCOMINED IN		.2020
-		
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	agents.
		and argigned T
This amendment is submitted to amend the following	ıñ:	. 2
A. If amending name, enter the new name of the	limited liability company here:	
HOMEQUEST REAL ESTATE LLC		
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	2:	
(Principal office address MUST BE A STREET A		
	to amend the following: The new name of the limited liability company here: ELLC able and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." address, if applicable: //ST BE A STREET ADDRESS/ if applicable: LPOST OFFICE BOX/ ed agent and/or registered office address on our records, enter the name of the new registered ered office address here: stered Agent: ice Address: Enter Florida street address Florida	
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	NO.	
	<u></u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Florid	
	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
			□Remove
			Change
			LIRemove
			Change
		····	∐Remove
			□Add
			□Remove
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ffective date if other than the d	ata of filing:		(or	ntional)	
ffective date, if other than the data an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Department.	k does not meet the	applicable statuto			
record specifies a delayed effective c f is filed.	date, but not an effec	ctive time, at 12:0	I a.m. on the earlier of:	(b) The 90th day after	er the
ated	2020				
	1//	- //	·		
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Bruky	ignature of a member	or authorized repres	entative of a member		

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Filing Fee: \$25.00