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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Divisior	of Corporations
SUBJECT:	Wilson Home Realty LLC
	Name of Limited Liability Company
The enclosed Art	cles of Amendment and fee(s) are submitted for filing.
Please return all	orrespondence concerning this matter to the following:
	Christopher C Wilson
	Wilson Home Realty LLC Firm/Company
	19002 Apian Way
	Lutz ft 33558 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
Chost	Name of Person at (31) 878-3721 Area Code Daytime Telephone Number
	Wame of Person Area Code Daytime Telephone Number
Enclosed is a che	ck for the following amount:
\$\$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Address: Street Address: ation Section Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability C	Company were filed on	12/2019 and assigned
Florida document number <u>L1 9000 731 36</u>		und damigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>e</u>	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street i	address
	City	_, Florida
	cin	ziji Gode
New Registered Agent's Signature, if changing Registere	d Agent:	

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>	<u>Address</u>	Type of Action
MGR	Britanny Waters	1900) Apian Way Lutz, FL 33558	
,	1	Lutz, FL 33558	Remove
			□Change
			□Add
			□Remove
			Change
			Remove
			□Add
			Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□ Remove
			□Change
			□Add
			□Remove
		<u> </u>	□Change

1	Je are removing Brittanny Waters from his entity (Wilson Home Realty/CC) as She larger has any interest in this company-
<u>+h</u>	is entity (Wilson Home Realty/CC) as She
Λο	longer has any interest in this company-
·	
	<u> </u>
<u>te:</u> If th	date, if other than the date of filing:
cord spo	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ed	March 30th 2020.
	16/1/2n
	Signature of a preprier or authorized representative of a member
,	Signature of a memorification for the memorification of a memorification of a memorification of the memorifica