L19000257897

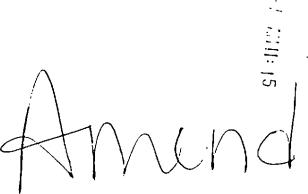
(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	 ii/
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COVER LETTER

Division	n of Corpo	prations		
SUBJECT:	877 HOME	ESTEAD LLC		
300,110,11		Name of Limi	ted Liability Company	
The enclosed Art	ticles of Ai	mendment and fee(s) are sub-	nitted for filing.	
Please return all	correspond	lence concerning this matter t	to the following:	
		Alexander B. Rotbart, Esq.		
			Name of Person	
		The Rotbart Law Group PA	4	
			Firm/Company	
		101-103 E Palmetto Park R	Raod	
			Address	
		Boca Raton, FL 33432		
			City/State and Zip Code	
		rlpeters131@gmail.com		
		E-mail address: (1	to be used for future annual report notifi-	cation)
For further infor	mation con	ncerning this matter, please ca	all:	
Alexander B. Ro	otbart		at (
	Name of F	Person	Area Code Daytime	Telephone Number
Enclosed is a chi	eck for the	following amount:		
■ \$25.00 Filin	ig Fec	☐ \$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:

TO:

Registration Section

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

25877 HOMESTEAD LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited l	ny as it now appears on our (Liability Company)	records.)
The Articles of Organization for this Limited L Florida document number L19000257897	iability Company	were filed on 10/16/19	and assigned
This amendment is submitted to amend the following	lowing:		رن ا
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liahi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2130 Ceasar Court	
		Orlando, FL 32833	
Enter new mailing address, if applicable:		2130 Ceasar Court	
(Mailing address MAY BE A POST OFFICE BOX)		Orlando, FL 32833	
B. If amending the registered agent and registered agent and/or the new registered of	~		cords, enter the name of the n
Name of New Registered Agent:			
New Registered Office Address:	2130 Ceasar Co		
		Enter Florida street	address
	Orlando		Florida <u>32833</u>
		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>	<u>Address</u>	Type of Action
MGR	Treska Baptiste-Groves		
			□ Remove
		2130 Ceasar Ct., Orlando, FL 32833	
			□ Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			Change
		-	□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E Effect	October 28, 2019
Note:	October 28, 2019 ive date, if other than the date of filing: cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	10/29 12019
-2 1130	10/29 12019 PCRALC
	Signature of a member or authorized representative of a member
	Treska Baptiste-Groves - Manager

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00