L19000278723

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(only, out of 2, p. 1 mone if
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· —
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



500380329705

2-25 Militass Militass AMILITAS AMILITA

COVER LETTER

TO:

	egistration Se ivision of Cor			
SUBJECT	. Homeseller	rs of Central Florida LLC		
SUBJECT	•	Name of Lin	nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Danielle Elliott		
			Name of Person	
		Maxson Tax Services		
			Firm/Company	
		10879 North US Hwy 301	Ste 4	
			Address	
		Oxford, Florida 34484		
			City/State and Zip Code	
		danielle@maxsontax.com		
For further	information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	otification)
Danielle El		,	352 399-0842	
	Name o	f Person		me Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres ogistration S		Street Address:	ection
	ivision of C		Registration S Division of Co	
Р.	O. Box 632	7	The Centre of	Tallahassee
Ta	allahassee, F	FL 32314	2415 N. Monr	oe Street. Suite 810

Tallahassee, FL 32303



February 2, 2022

DANIELLÉ ELLIOTT 10879 NORTH US HWY 301 STE 4 OXFORD, FL 34484

SUBJECT: HOMESELLERS OF CENTRAL FLORIDA LLC

Ref. Number: L19000278723

We have received your document for HOMESELLERS OF CENTRAL FLORIDA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 022A00002612

TERARRA A SIMMONS OPS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Homeseilers of Central Florida LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A riorda Ethiled :	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number [L19000278723]	were filed on November 7, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
Michael Joy LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1305 Cleveland Ave
(Principal office address MUST BE A STREET ADDRESS)	Suite A
	Wildwood, Florida 34785
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2622 JAN 25 AM
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	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 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
			_ DAdd
			_ □Remove
			_ DChange
			_ = Add
			_ □Remove
		.;	_ Change
			_ Change
			☐Change
			_ □Remove
			□Change
			_ □Add
			_ □Remove
			_ □ Change
			_ TAdd
			_ 🗆 Remove
			= 01

	and physical add								
									
	, 				 				
	·· ··					···			
							1.1.1		
						-	· - ·		
						-			
								227	2022
						<u> </u>			_
								<u></u>	JAN 2
						<u> </u>		22.5	<u>~</u> දා
				<u></u>			-	-1-	
				-			.	<u> </u>	=
									CS.
-						· · · · · · · · · · · · · · · · · · ·	 -		
		 							
fective date, if o	ther than the d	late of filir	ng:		0.01	.1	(optio	nal)	
on effective date is list ote: If the date ins	serted in this bloc	ck does not	meet the ap	pplicable	e of filing of statutory fi	r more man ling requir	ements, this	ning.) Pursuant date will not	to 605.02 be listed
ocument's effective	date on the Dep	partment of	State's reco	ords.					
ecord specifies a d is filed.	elayed effective	date, but no	ot an effecti	ive time.	t 12:01 a.t	n. on the e	erlier of: (b)	The 90th da	y after th
			-						
January 20		><	29/22						
ncu				· · ·			_		
	/ 11	9		•					
	(()								

Filing Fee: \$25.00