

L19000288417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

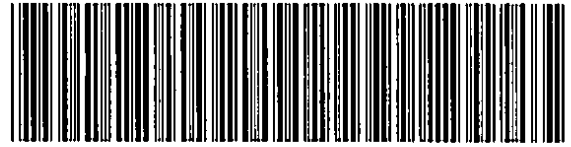
(Document Number)

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US FIDELITY & SECURITY GROUP, INC.

SECRETARY  
TALLAHASSEE, FL

2020 SEP -4 AM 7:23

FBI

D. BRUCE  
OCT 14 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations  
SQUAREFOOT REBATE, LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESSICA SUAREZ

\_\_\_\_\_  
Name of Person

SQUAREFOOT REBATE, LLC

\_\_\_\_\_  
Firm/Company

241 COSTELLO RD

\_\_\_\_\_  
Address

WEST PALM BEACH, FL 33405

\_\_\_\_\_  
City/State and Zip Code

JSV5@OUTLOOK.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSICA SUAREZ

305

213-3927

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$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:

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

Street Address:

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

RECEIVED  
TALLAHASSEE, FL

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FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SQUAREFOOT REBATE, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/20/2019 and assigned  
Florida document number L19000288417.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SQUAREFOOT HOMES, 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:

(Principal office address MUST BE A STREET ADDRESS)

241 COSTELLO RD WEST PALM BEACH, FL 33405

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: JESSICA SUAREZ

New Registered Office Address: 241 COSTELLO RD

*Enter Florida street address*

WEST PALM BEACH

*City*

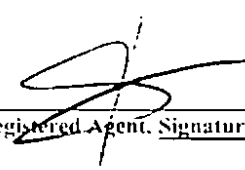
Florida

33405

*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>	<u>Type of Action</u>
AMBR	DEMETRIOS SOURMAIDIS	9460 WRANGLER DR	<input checked="" type="checkbox"/> Add
		LAKE WORTH, FL. 33467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MEAD ALTVATER	241 COSTELLO RD	<input type="checkbox"/> Add
		WEST PALM BEACH, FL. 33405	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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CLERK OF COURT

FILED

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TALLAHASSEE, FL

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TALLAHASSEE, FL

(If an effective 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 record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**