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2/3/21

COVER LETTER

Registration Section
Division of Corporations

· TO:

HomEase F	Real Estate Solutions LLC			
3000 LC1.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter	_		
	Wayne Bowser			
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
	HomEase Real Estate Solu	tions LLC		
		Firm/Company		
	6452 Cropping Street			
		Address		
	Winter Garden, FL 34787			
		City/State and Zip Code		
	wayne.re.bowser@gmail.co	m		
	E-mail address: (to be used for future annual report not	ification)	
For further information c	concerning this matter, please c	all:		
Wayne Bowser		407 897-0736 at ()		
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ection	
Division of C		Division of Co	rporations	
P.O. Box 632		The Centre of		
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HomEase Real Estate Solutions 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 $\frac{12/16/2019}{}$ and assigned Florida document number ^{L19000306111} This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida __

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

1,14,114	.,,ume	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Nina Diaz	6452 Cropping Street, Winter Garden FL 34787	■Add
			□Remove
			Change
			□Add
			□Remove
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			☐Change

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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing e: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605.02
cord specifies a delayed effective date, but not an effective time, at 12:01 a sfiled.	.m. on the earlier of: (b) The 90th day after th
December 11st 2020	
December 21st, 2020.	
Maine A Danson A	

Typed or printed name of signee

WHats up