

L20 0000006586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

3/9/21

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FILED

2021 MAR -9 PM 4: 55

SECRETARY OF STATE
TALLAHASSEE, FL

3/12/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2021

ERIC HOEBERLING
4933 ALAMETOS TERRACE
NORTH PORT, FL 34288

SUBJECT: LONESTAR HOMES, LLC
Ref. Number: L20000006586

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

It is unclear what you are wanting to Amend. If amending the Authorized Person Detail, select the "Type of Action" for each person listed.

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.

Querida R Moore
Regulatory Specialist II

Letter Number: 921A00004402

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lonestar Homes, LLC

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:

Eric Hoeberling

Name of Person

Lonestar Homes, LLC

Firm/Company

4933 Alamedos Terrace

Address

North Port, FL 34288

City/State and Zip Code

Eric@lonestarthomesfl.com

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

For further information concerning this matter, please call:

Eric Hoeberling

941

628-8853

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

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

FILED

Lonestar Homes, LLC

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

2021 MAR -9 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 12/30/2019 and assigned
Florida document number L20000006586.

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

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

City

, Florida

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

When adding 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>
President	Eric Hoerberling	4933 Alametos Terrace	<input checked="" type="checkbox"/> Add
		North Port, FL. 34288	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Emily Hoerberling	4933 Alametos Terrace	<input checked="" type="checkbox"/> Add
		North Port, FL. 34288	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
GR	Alex Hoerberling	18416 Yarbrough Ave.	<input checked="" type="checkbox"/> Add
		Port Charlotte, FL. 33948	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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) **te**: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

January 12th, 2021

Emily Hoeberling

Typed or printed name of signee

Filing Fee: \$25.00