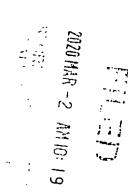
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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

SUBJECT: SWEET HO	OME REALTORS, LLC		
SUBJECT.	Name of Lini	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARIO H. ECHEVERRI	OSPINA	
		Name of Person	
		Firm/Company	
	9424 BAY MEADOWS R	OAD STE 250	
		Address	
	JACKSONVILLE, FL 322	256	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
MARIO H. ECHEVERI	RI OSPINA	904 610-5097	
Name o	of Person	at ()	Telephone Number
Enclosed is a check for t	he 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

Registration Section Division of Corporations

TO:

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

(Name of the Limited Li (A F)	ability Company as it orida Limited Liability	r Company)	
he Articles of Organization for this Limited Liabili lorida document number <u>L20000019571</u>	ty Company were	filed on 01/13/2000	and assigned
his amendment is submitted to amend the followin	ਨ:		
. If amending name, enter the new name of the	limited liability co	ompany here:	
AARIO ECHEVERRI OSPINA, LLC			
ne new name must be distinguishable and contain the words	"Limited Liability Con	npany," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable	942	4 BAY MEADOWS ROAD STE	250 7 202
Principal office address MUST BE A STREET A	DDRESS) JAC	CKSONVILLE, FL 32256	HAR -
nter new mailing address, if applicable:	942	4 BAY MEADOWS ROAD STE	250
<u> 1 Aailing address MAY BE A POST OFFICE BOX</u>	Q JAC	CKSONVILLE, FL 32256	
Name of New Registered Agent:		RRI OSPINA VS ROAD STE 250	ame of the new regis
		Enter Florida street address	
	ACKSONVILLE	Florida	32256
	C	ity	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

SWEET HOME REALTORS, LLC

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
	N/A		
			□Remove
			□Change
	N/A		□Add
			□ Reachove
	N/A		2
			☐ Remove
			Change
	N/A		□Add
			□Remove
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			□ Remove
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	N/A		□Add
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			01/12/2020				
Effective date.	, if other than	the date of filing	01/13/2020		(opti	onal)	40-0-4
t an effective date Note: If the da	: is listed, the date te inserted in thi	must be specific and s block does not m	cannot be prior to eet the applicab	date of filing or mi le statutory filing	ore than 90 days affer g requirements, thi	r filing.) Purs s date will r	uant to 605.020 not be listed a
		e Department of Si			.		
	es a delayed effe	ctive date, but not	an effective time	e, at 12:01 a.m. o	on the earlier of: (b) The 90tl	a day after the
d is filed.		<u> </u>					
FEBRU.	ARY 28	11 Mn	2020				
Dated			3	•			
		Lunkilun	~				
		Side and a side a	nember or authoria				
		Signiture of a fi	nember of admort	rea representative	of a member		
		ERRI OSPINA - F		rea representative	of a member		