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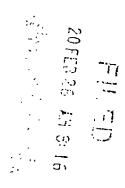
(Re	questor's Name)	
(Ad	dress)	
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

s by Momie, PLLC	
Name of Limited Liability Company	
s of Amendment and fee(s) are submitted for filing.	
espondence concerning this matter to the following:	
Edward J. Welch	
Name of Person	
Welch Law, PLLC	
Firm/Company	
110 Front Street, Suite 300	
Address	
Jupiter, FL 33477	
City/State and Zip Code ew@welch.law	
E-mail address: (to be used for future annual report notification)	
on concerning this matter, please call:	
561 413-9536	
me of Person Area Code Daytime Telephone Number	-
for the following amount:	
e	tatus &
2	Sof Amendment and fee(s) are submitted for filing.  Edward J. Welch  Name of Person  Welch Law, PLLC  Firm/Company  110 Front Street, Suite 300  Address  Jupiter, FL 33477  City/State and Zip Code  ew@welch.law  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  561 413-9536  at (

TO:

Registration Section

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

( <u>Name of the Limited Liability C</u> (A Florida Lin	lompany as it now app nited Liability Compan	ears on our records	<u>s.</u> )	_	
the Articles of Organization for this Limited Liability Com 1.20000050014	pany were filed on	02/12/2020	_	and ass	igned
his amendment is submitted to amend the following:					
a. If amending name, enter the new name of the limited	l liability company	<u>here</u> :			
Homes by Homic, PLLC					
he new name must be distinguishable and contain the words "Limited	Liability Company," th	e designation "LLC"	or the abbrev	iation "L.	L.C."
		-			
Enter new principal offices address, if applicable:		<del></del>	<del></del>		
<u>Principal office address MUST BE A STREET ADDRES</u>	<u></u>			1 10	
			:	F	
			-	10	1
Catana anno annillana addina a 16 annillanda a				G.	
Enter new mailing address, if applicable:	<del></del>		<del></del>		ž Į.
Mailing address MAY BE A POST OFFICE BOX)			· · · · · ·	<del>ं,</del>	-
			<u> </u>		
			<i>:-</i>	S	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent:	ffice address on ou	r records, <u>enter</u>	the name of	the nev	<u>v regi</u>
New Registered Office Address:	Entor I	Florida street addres:	·		<u> </u>
	ishter i	ion ida sir evi adaress	1		
		, Flo	orida		
	City		;	(ip 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
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			□Remove
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ective date, if other than the (	late of filing:	(opti	ional)
effective date is listed, the date must	late of filing:	filing or more than 90 days afte	r filling.) Pursuant to 605,020
ument's effective date on the De		atory imag requirements, tit	is date will not be listed a
cord specifies a delayed effective s filed.	date, but not an effective time, at 12	2:01 a.m. on the earlier of: (	b) The 90th day after the
S fried.			
	2020		
February 20			
ed	·		
ed			