LA 0000086554

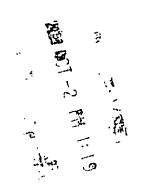
(R	equestor's Name)	
(Ad	ddress)	
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Home Finders of Northeast Florida, LLC	
-	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	✓ Cert. Copy
	Photo Copy
	✓ Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
 	Driving Record
Requested by: Seth	UCC or 3 File
Name Date Time	UCC 11 Search
name Date IIIIe	UCC II Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

TO:	Registration Sec Division of Corp			
		rs of Northeast Florida, LLC		
SUBJI	SCI:	Name of Limit	ted Liability Company	
The en	closed Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	dence concerning this matter t	to the following:	
		Christopher O'Mell		
			Name of Person	
			Firm/Company	
		ome Finders of Northeast Florida, LLC Name of Limited Liability Company rticles of Amendment and fee(s) are submitted for filing. I correspondence concerning this matter to the following: Christopher O'Mell Name of Person Firm/Company 3030 Powers Ave. #101-2 Address Jacksonville, FL 32207 City/State and Zip Code ctoguarding 1977@gmail.com E-mail address: (to be used for future annual report notification) ormation concerning this matter, please call: Mell 904 424-7916 Area Code Daytime Telephone Number		
		_ .	Address	
		Jacksonville, FL 32207		
		-	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report no	otification)
For fu	rther information co	oncerning this matter, please ca	ill:	
Christ	opher O'Mell			
	Name of	Person	Area Code Dayti	me Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$2	25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

DocuSign Envelope ID: D0FA8EAB-7C00-48E7-B976-0D9931CD85BD ARTICLES OF AMENDMENT TO



17:10 1-2 PH 1:12

ARTICLES OF ORGANIZATION **OF**

Home Finders of Northeast Florida		
(Name of the Limi	ted Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited L Florida document number L20000086554		0/20 and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the v	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE		
Catana and an allian address if anniambles		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
		
		our records, enter the name of the new
registered agent and/or the new registered o	itice address here:	
Name of New Registered Agent:	Christopher O'Mell	
-	3030 Powers Ave #101-2	
New Registered Office Address:		rida street address
	Jacksonville	Florida 32207
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as register provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete performance of istered agent as provided for in C registered office address, 1 heret	Tmy duties, and I am familiar with and Chapter 605, F.S. Or, if this document is
	DocuSigned by:	
	(linitodier O'	Mell

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: D0FA8EAB-7C00-48E7-B976-0D9931CD85BD ramenuing Authorized rerson(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
Pres	Linkenauger, James E	3030 Powers Ave. #101-2	■ Add
		Jacksonville, FL 32207	□ Remove
			☐ Change
VP O'Mell, Christopher	3030 Powers Ave. #101-2	Add	
		Jacksonville, FL 32207	_ □ Remove
			☐ Change
			Remove
			Change
			□ Add
			☐ Remove
			Change
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It an effec	re date, if other than the date of filing:
	nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	10/1/2020
Dated _	
Dated _	— DocuSigned by:
Dated _	Christopher O'Mell
Dated _	

Page 3 of 3

Filing Fee: \$25.00