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1.	EXIT HOME SMAR (CORPORATE NAME AND D		<u> </u>		<del></del>
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### COVER LETTER

ling Section n of Corporations			
IT HOME SMART LLC			
Name of I	Limited Liabili	ty Company	<del></del>
ticles of Organization and fee(s)	are submitted	for filing.	
correspondence concerning this	matter to the fo	ollowing:	
SEY EBANKS JR			
	Name of	Person	
PROPERTY MANAGEMENT	LLC		
<del>- · </del>	Firm/Cor	npany	
4 US HIGHWAY 301 S STE 2	28		
	Addro	ss	
ERVIEW, FL 33578			
@TAMPABAYHOMERESCU!		Zip Code	
E-mail address: (to be use	ed for future at	nnual report notificati	on)
ation concerning this matter, plea	ase call:		
		756-8707	
		Daytime Telephone	e Number
eck for the following amount:			
g Fee S130.00 Filing Fee Certificate of Status	Certific	d Copy	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallebasses FL 32314	) 1 2	New Filing Section Di The Centre of Tallaha 1415 N. Monroe Stree	issee et. Suite 810
	THOME SMART LLC  Name of I  ticles of Organization and fee(s) correspondence concerning this LSEY EBANKS JR  PROPERTY MANAGEMENT  OUT AMPABAYHOMERESCULT E-mail address: (to be use sation concerning this matter, pless set EBANKS  At (  Name of Person  eck for the following amount:  g Fee	Name of Limited Liability ticles of Organization and fee(s) are submitted correspondence concerning this matter to the feature of the feature	Name of Limited Liability Company  ticles of Organization and fee(s) are submitted for filing.  correspondence concerning this matter to the following:  SEY EBANKS JR  Name of Person  PROPERTY MANAGEMENT LLC  Firm/Company  24 US HIGHWAY 301 S STE 228  Address  ERVIEW, FL 33578  City/State and Zip Code  @TAMPABAYHOMERESCUE.COM  E-mail address: (to be used for future annual report notification action concerning this matter, please call:  SEY EBANKS  at (

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Exit Home Smart	LLC	Ĺ.	<u>::::</u> -8 :::	7: 22
Exit Home Smart  (Name of the Limited Liability Comp  (A Florida Limited	pany as it now appears on ou d Liability Company)	<u>er records.</u> )		•
The Articles of Organization for this Limited Liability Compan			and assigned	
Florida document number <u>L 2000 0 11 9 14 4</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here:			
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designati	on "LLC" or the abbi	reviation "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 registered agent and/or the new registered office address he	office address on our i	records, <u>enter t</u> l	he name of the n	<u>iew</u>
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida stree			
	Liner rioriaa stree			
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>		-,	

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 Changing Registered Agent, Signature of New Registered Agent

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
<u>AMBR</u>	NDI Real Estate Group	P 13194 US Hwy 301 stell. River view, FL 33578	<u>&amp;</u> □ Add
			Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:  (If an 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 (  Note: 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.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 8 of May, 2020.
Signature of a picture of a member
Hulson L Ebanks Ir AR
Typed or printed name of signee

Page 3 of 3

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