# 120000168975

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Dasiness Entity Hame)	
(Document Number)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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### Sunshine State Corporate Compliance Company

#### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 01/06/2021		**WALK IN**
ENTITY NAME ONTOP	HOME BUYER LLC	
DOCUMENT NUMBER		
	**PLEASE FILE THE ATTACHED AND RETUR	N**
XXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
**P[	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE  Certified Copy of Arts & Amendments  Certificate of Good Standing	ENTITY**
	**APOSTILLE' / NOTARIAL CERTIFICATIO	DN**
COUNTRY OF DESTINATION		<del></del>
NUMBER OF CERTIFICATI	LS REQUESTED	
TOTAL OWED \$25.00	ACCOUNT #	: 120160000072
	•	Section 1
Please call Tina at the	above number for any issues or concerns.	Thank you so much!

## COVER LETTER

Registration Section

TO:

porations			
ne Buyer LLC			
Name of Lim	ited Liability Company		
Amendment and fee(s) are sub	mitted for filing.		
indence concerning this matter	to the following:		
maner concerning time maner	to the rollowing.		
Megan Fuentes			
	Name of Person	<del></del>	
ZenBusiness PBC			
	Firm/Company	-70	
5900 Balcones Dr. Suite 50	000		
	Address	<del></del>	
Austin, Texas, 78731			
	City/State and Zip Code		
E-mail address: (	to be used for future annual report not	itication)	
oncerning this matter, please c	all:		
	844 493-6249		
f Person	Area Code Daytin	ne Telephone Number	
te following amount:			
S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		ection	
Division of Corporations		rporations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
	Amendment and fee(s) are substituted and fee(s)	Amendment and fec(s) are submitted for filing.  Indence concerning this matter to the following:    Megan Fuentes	

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records.) Liability Company)	
were filed on	and assigned
pility company here:	
ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: 2212 S CHICKASAW TRL	
# 1087	
ORLANDO FL 32825	
2212 S CHICKASAW TRL	202
# 1087	<u> </u>
ORLANDO FL 32825	
address on our records, enter th	e name of the new registered
	8: 56
Enter Florida street address	
, Florida	
City	Zip Code
	lity Company here:  2212 S CHICKASAW TRL  # 1087  ORLANDO FL 32825  2212 S CHICKASAW TRL  # 1087  ORLANDO FL 32825  address on our records, enter the

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 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>	<u>Address</u>	Type of Action
AMBR DERVAL C OWENS	DERVAL C OWENS	2212 S CHICKASAW TRL	□Add
	<b>= 1087</b>		
	ORLANDO FL 32825		
		□Remove	
		□Change	
		□Add	
			Remove
	·	□Change	
		□ Add	
		□Remove	
		Change	
			□Add
		□Remove	
		□Change	
		□Add	
		□Remove	
			(Characa)

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: (optional)
(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 (3)(b) 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 \_\_\_\_\_5 2021 /s/ DERVAL COWENS Signature of a member or authorized representative of a member DERVAL C OWENS Typed or printed name of signee

Filing Fee: \$25.00