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SECRETARY OF STATE
TALLAHASSEE, FL

## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
SUBJECT: WELC	eme Home Bro Name of Lim	Kerage, LLC.	
	Name of Lim	ited Liabilit <b>⊬</b> 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:	
	Ashley L	Eden S Name of Person	<del></del> -
	Welcome	Hane Realty	<u></u>
	3770 Curt	is Blud Ste 70:	<del>2</del>
	Cacoa, FL	33 93 7 City/State and Zip Code	<del> </del>
	ashleyedens Email address:	3) 6 Gmail Co to be used for future annual report not	fication)
For further information of	oncerning this matter, please co	all:	
Ashley L Name o	Eden S f Person	at ( <u>321</u> ) <u>863</u> - Area Code Daytim	9720 ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C P.O. Box 632	orporations	Division of Cor	rporations
Tallahassee, I		The Centre of T 2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Welcome Home Brok	kerage LLC.
(Name of the Limited Liability Compa (A Florida Limited)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000 26 [8 38</u> ].	were fited on $8/94/3030$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	sility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3770 Curtis Boulevard Swite 702
(Principal office address MUST BE A STREET ADDRESS)	Coloa, FL 32927
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Same as above 15 SSEE SI
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florido

## 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.

City

Zip Code

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

Title	<u>Name</u>	Address	Type of Action
MGR	Michael P. Coop, Sr.	3770 Curtis Boulevard +705	
		Cocca, FL 32927	□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
			□Add
			□Remove
			DChange
			□Add
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Note:	ive date, if other than the date of filing: \[ \begin{align*} \lambda
ne recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	August 1st 2000.
	Walan Jun Salan
	Signature of a member or authorized representative of a member