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(Requestor's Name)
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LLC N/C & Amend

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A RAMSEY IUL 12 2022

COVER LETTER

TO: Registration So Division of Cor	rporations		
Н	Sur House C.	· al 3/5	
SUBJECT: 1199E	Sweet Home S	ited Liability 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:	
	PARIS	SHOAF Name of Person	
		Name of Person	
		22. (23	
		Firm/Company	
	2254 S.W	WHITEHARSH WAY	
		WHITEMARSH WAY	
	> p	FL 34990 City/State and Zip Code	
	TALM LITY,	<u> FL 54990</u>	
		City/State and Zip Code	
	SHOAF. COS Gr E-mail address: 1	TAKE.COM to be used for future annual report noti	fication)
F 6			
ror turtner information (concerning this matter, please c	ii).	
CHRIS	SHOAF	11772, 323-	5033
Name c	of Person	at (772) Area Code Daytim	e Telephone Number
Unalizad is a shoot for t	ha fallandina mpaninti		
Enclosed is a check for t	_		.
□ \$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	cc.	Street Address:	
Registration		Registration Se	ction
Division of C		Division of Cor	-
P.O. Box 632 Tallahassee,		The Centre of T	'allahassee e Street, Suite 810
rananassee,	1.12.12.17	Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 HAY -9 AM 10: 22

HOME SWEET HOME SO (Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com	npany were filed on
Florida document number <u>L2000327625</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited CHREMI - JENSEN BEACH	116
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	N/A
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BON)	N/A
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip 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 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
MGR	CHRIS SHOAF	2254 S.W. WHITEMARCH WAY	'_X lAdd
			□Remove
			Change
			🗆 Add
			□Remove
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Page 2 of 3

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Note: If the	date, if other than the date of filing:	.0207 ed as
	I specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlies th day after the record is filed.	er of
Dated	May 3 RD 2022. Signature of a member or authorized representative of a member	
	^ 1	
-	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00