# L21000015241

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
į	
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	

Office Use Only

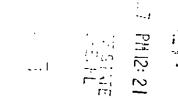


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ALLAHASSEE : LUCA

121 HAY 26 PH 2: 5



ii.



May 27, 2021

CAPITAL CONNECTION, INC.

SUBJECT: HOMEVILLE BUILDERS LLC

Ref. Number: L21000015241

We have received your document for HOMEVILLE BUILDERS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Signature page missing

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 821A00011530

Yasemin Y Sulker Regulatory Specialist III RECEIVED
AND HAY 21 PM 3: 53

## CAPITAL CONNECTION, INC.

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

HOMEVILLE BUIL	DERS LLC		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			AH, 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 1 or 3 File
	Desc	Time	UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In		p	Courier

#### COVER LETTER

· TO:

ction porations	•	
LE BUILDERS LLC		
Name of Limit	<del></del>	
Amendment and fee(s) are subr	nitted for filing.	
ndence concerning this matter t	o the following:	
GABRIELLA CASTRO		
	Name of Person	
CSG - CAPITAL SERVIC	ES GROUP INC	
<del></del>	Firm/Company	
1191 E NEWPORT CENT	ER DR #103	
	Address	
DEERFIELD BEACH - FI	. 33442	
	City/State and Zip Code	
_		<u> </u>
E-mail address: (1	o be used for future annual report not	tification)
oncerning this matter, please ca	ill:	
	954 427-4770	
f Person	Area Code Daytir	ne Telephone Number
he following amount:		
■ \$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)
ss: Section	Street Address: Registration S	ection
Registration Section Division of Corporations		orporations
27 FL 32314		Tallahassee oe Street, Suite 810
	Name of Limit  Name of Limit  Amendment and fee(s) are submedence concerning this matter to GABRIELLA CASTRO  CSG - CAPITAL SERVICE  1191 E NEWPORT CENT  DEERFIELD BEACH - FLE  GABRIELLA@THEWAYO  E-mail address: (to concerning this matter, please cases)  of Person  the following amount:  S30.00 Filing Fee & Certificate of Status  SEE Section  Corporations  27	Name of Limited Liability Company  Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following:  GABRIELLA CASTRO  Name of Person  CSG - CAPITAL SERVICES GROUP INC  Firm/Company  1191 E NEWPORT CENTER DR #103  Address  DEERFIELD BEACH - FL 33442  City/State and Zip Code  GABRIELLA@THEWAYGROUP.BIZ  E-mail address: (to be used for future annual report not oncerning this matter, please call:  of Person  at (

Tallahassee, FL 32303

# TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 01/05/2021  Florida document number L21000015241	_ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbre	viation "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 office address on our records, enter the name of agent and/or the new registered office address here:	of the new register
Name of New Registered Agent:	-:
New Registered Office Address:  Enter Florida street address  Florida	PH 2: 21
City 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	

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

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	VICTOR FELIPE S. E OLIVEIRA	R DOS SABIAS 425 COND GRAN ROYALLE	_ <b>≣</b> Add
		PIRAMIDE MONTES CLAROS, MG 39403-203 BF	R □Remove
			_
			_ 🗆 Add
			_ Remove
			_
			🖸 Add
			□Remove
			_ □Change
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			□Remove
<del></del>			_ 🗆 Add
			□Remove
			□Add
			□Change

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reffectiv <mark>te:</mark> If tl	date, if other than the date of filing:	5.020 ed as
cord sp s filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
ed	y 24th	
	Signature of a member of authorized representative of a member	
	учение от а интрег од анитогист терисустациус от а инспист	