L21000179492

| (Requestor's Name) | |
|---|--------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | _ |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | \neg |
| Mary. | |
| | |

Office Use Only



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SECRETARY OF STATE SECRETARY OF STATE O

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July 2, 2024

KATHERINE HOTALING 11617 DOVERHILL DR ST.LOUIS, MO 63128

SUBJECT: HOTALING HOMES LLC

Ref. Number: L21000179492

We have received your document for HOTALING HOMES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

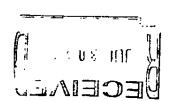
Please date the last page.

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.

Morgan E Lovett Regulatory Specialist II

Letter Number: 624A00014506



COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Hotaling Homes LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Katherine Hotaling Name of Person |
| Firm/Company |
| 111017 Doverhall Dr. Address |
| St. Louis 40 63128 City/State and Zip Code |
| E-mail address: (to be used for fitture annual report notification) |
| · · · · · · · · · · · · · · · · · · · |
| Name of Person at (314) 440 - 8948 Area Code Daytime Telephone Number TARES TO THE STATE OF THE |
| 75 2 |
| □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | | siacini, company) | | | | |
|--|--|--|--------------------|--------------------|----------------|--|
| The Articles of Organization for this Limited Li Florida document number <u>L21000</u> 7 | | were filed on | <u> 18,205</u> | 2 and assigne | d | |
| This amendment is submitted to amend the following | owing: | | | | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liabil | ity Company," the designation ' | 'LLC" or the abb | reviation "L.L.C." | | |
| Enter new principal offices address, if applica | able: | Robert Brick | 2.C | | | |
| (Principal office address MUST BE A STREE | | 4733 Zer Bradenton | 10 Ct. FL 3 | 4211 | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I | <u> 30X)</u> | Katie Hoto 9359 Caddu Sunset Hills | | Circle 1:3127 | | |
| B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent: | egistered office a s here: Rober | ddress on our records, <u>er</u> + Backet | iter the name | of the new reg | 10 30 E | |
| New Registered Office Address: | 4733 | Enter Florida street ad | ldress | SSIE. T | - 2 | |
| New Registered Agent's Signature, if changing R | <u>Bradir</u> | City | , Florida <u> </u> | Zip Code | 26 L | |
| iten verpieten waent 2 Diannier it Cuaudiud K | cyisiered 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> | Name Hotzilia | Address | Type of Action |
|--------------|---------------|--|--------------------------------------|
| MOR | TODD Hotaling | 11617 Doverhill Dr. | □Add |
| | <u> </u> | Ille 17 Doverhill Dr. St. Livis, MO 63128 | CAREmove |
| | | | □Change |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| 470 | 1 1 1 |
| 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 605.02. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. | 187 (2)/b) |
| f 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 | .e |
| Dated 7-10-24 2024 | |
| | |
| Signature of a member or authorized representative of a member | |
| Katherine Hotaling | |
| Typed or printed name of signce | |

Filing Fee: \$25.00