## 121000269896

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

FILED



September 23, 2021

JOSE RAMIREZ 1925 MONKS CT WEST PALM BEACH, FL 33415

SUBJECT: TEAM HOME HUNTER LLC

Ref. Number: L21000269896

We have received your document for TEAM HOME HUNTER 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):

The wrong form was recevied to make the change you are wanting.

We are enclosing the proper form(s) with instructions for your convenience.

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: 021A00023024

Catherine M Brumbley Regulatory Specialist II

www.sunbiz.org

## COVER LETTER .

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TO: Registration Section Division of Corporations	,
Team He	ome Huster LLC
SUBJECT: 180M MC	Name of Limited Liability Company
The enclosed Articles of Amendment and f	fec(s) are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
Rom	inez. Jole O, SR.
Team	Home hunter LLC Firm/Company
<del></del>	MONKS CT Address
uest	Palm Beach - F/ 33415
Team	City/State and Zip Code  Home Hunter @ Gmail. Com  mail address: (to be used for future annual report notification)
lä-t	mail address: (to be used for future annual report notification)
For further information concerning this ma	etter, please call:
ROMIRET, JOSE	0 at (561) 541-8811
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amou	int:
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	,	HOME	HUNTER	LLC		
	( <u>Nan</u>	ne of the Limited Lia (A Flo	bility Company as it now : rida Limited Liability Comp	appears on our reco pany)	ords.)	
The Articles of C Florida documen	Organization for that number <u>L216</u>	is Limited Liability	Company were filed o	on 06/18	0 /2021 an	d assigned
This amendment	is submitted to an	nend the following	:			
A. If amending	name, enter the I	new name of the li	imited liability compa	ny here:		
The new name must	be distinguishable an	d contain the words "l	imited Liability Company,	"the designation "L	LC" or the abbreviation	on "L.I.,C."
Enter new princ	cipal offices addr	ess, if applicable:				
(Principal office	address MUST B	<u>E A STREET AD</u>	DRESS)		<u> </u>	≥ <u> </u>
	ing address, if app S MAY BE A POS	plicable: <u>T OFFICE BOX)</u>			AF SEE STY OF SEVEN	FILED
		ent and/or registe office address her	red office address on g:	our records, <u>ent</u>	er the name of th	e new <b>ed</b> gister
<u>Name o</u>	of New Registered	Agent:				
New Ro	egistered Office A	ddress:		<del>.</del>		
			Ent	er Florida street add	ress	
			····	<del>,</del>	Florida	<del></del>
			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>	<u>Address</u>	Type of Action
MGR_	Clauss, CHAUCE	1925 MONKS CT	□Add
		1925 MONKS CT WOST POLM BEACH FT 33415	□Remove
		33415	XChange
			□Add
			□Remove
			[] Change
			□Add
			□Remove
			□ Change
			□Add
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n effective date is listed <b>te:</b> If the date inser	ter than the date of f d, the date must be specifi- tted in this block does to date on the Department	ic and cannot be prior not meet the applic	able statutory filing	re than 90 days after fi	ing.) Pursuant to 605.020
and an after the A.A.	ayed effective date, but				
s filed.					
s filed.	01-2021	<u>/</u>	·		
is filed.	1-2021 Jose D Signature RAMIREZ	of a member or auth	orized representative	of a member	