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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 18, 2021

EVELYN J. VILLAVICENCIO 2388 CRESENTWOOD RD T NAVARRE, FL 32566

SUBJECT: HOME SWEET HOME ON THE COAST LLC

Ref. Number: L21000313977

We have received your document for HOME SWEET HOME ON THE COAST LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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: 021A00028076

Tekayla T Matthews OPS

www.sunbiz.org

## **COVER LETTER**

Division of Cor	porations		
SUBJECT:	OM SWEEF Name of Lim	home on the ited Liability Company	COAST LLC.
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Evelyn	J. VIII VICE.  Name of Person  Home on the  Firm/Company	140.
	Home sweet	Hone on the	Coast 4C
	73AA CM	sent wood Pd	,
		Address  32566.  City/State and Zip Code	
	Elegnot 1	Ila & T Cloud Cook of the second of the seco	ication)
For further information c	oncerning this matter, please co		
Eullyn Name o	J- VIllavicence	10 at ( <u>970</u> <u>40 G</u> Area Code Daytime	2-0579 Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 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	i <u>s:</u>	Street Address:	

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Home sweet /	Pone on the Cost duc- 1112:15
(Name of the Limi	(A Florida Limited Liability Company)  07 - 09 - 2021,
The Articles of Organization for this Limited L	iability Company were filed on 41-27-2021 and assigned
Florida document number	<u>13977.</u>
This amendment is submitted to amend the following	lowing:
A. If amending name, enter the new name of	of the limited liability company here:
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 applied	cable:
(Principal office address MUST BE A STREI	ET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)
B. If amending the registered agent and/or agent and/or the new registered office addressed agent.	
Name of New Registered Agent:	Evelyn J. Villavicencio.
New Registered Office Address:	2368 Crescent wood Rd.
	Navarre 4. Enter Florida street address  City Florida 32564  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>	Name	Address	Type of Action
M <u>GFM</u>	Evelyn J. Villaricancia	2388 Crecsent wood Rd. Marure H 32566	<b>j×</b> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00