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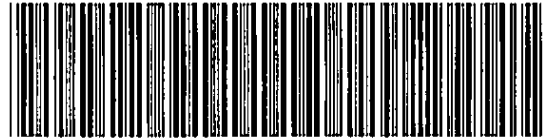
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOLMES 2, 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:

LORRAINE BELL

Name of Person

HOLMES 2, LLC

Firm/Company

4195 79TH STREET

Address

VERO BEACH, FL 32967

City/State and Zip Code

LORRIGREFEBELL@ATT.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORRAINE G. BELL

786

512-1580

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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 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**

HOLMES 2, LLC

(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 7/14/2021 and assigned
Florida document number L21000320865.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HOLMES 2, LLC

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 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 the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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>	<u>Type of Action</u>
MGR	MELANIE M. GREFF	1107 HARRISON STREET	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33019	<input type="checkbox"/> Remove
		51% OWNER	<input checked="" type="checkbox"/> Change
AMBR	LORRAINE G. BELL	4195 79TH STREET	<input type="checkbox"/> Add
		VERO BEACH, FL 32967	<input type="checkbox"/> Remove
		49 %OWNER	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

EFFECTIVE 11/12/2021 , THERE HAS BEEN A MEETING WITH THE MEMBERS. IT HAS

BEEN AGREED THAT MELANIE M. GREFE' WILL BE NAMED MANAGER AND

OWN 51% OF THE SHARES IN HOLMES 2, LLC.

THE MEMBERS HAVE AGREED THAT LORRAINE G. BELL WILL BE NAMED AUTHORIZED

MEMBER AND BE ENTITLED TO 49% OF THE SHARES IN HOLMES 2, LLC.

E. Effective date, if other than the date of filing: 11/12/2021 **(optional)**

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated NOVEMBER 15 , 2021

Melanie M. Grefe'

Signature of a member or authorized representative of a member

MELANIE MARGARET GREFE' , MGR

Typed or printed name of signee