

L21000355487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

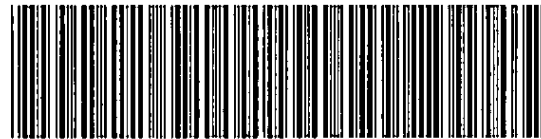
(Business Entity Name)

(Document Number)

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FILED
2021 DEC -9 AM 7:25
SEC. OF STATE
TALLAHASSEE, FL

C. BRUMBLEY
DEC 20 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: U R HOME REALTY GROUP 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:

ADRIANA GREZDA

Name of Person

U R HOME REALTY GROUP LLC

Firm/Company

283 CRANES ROOST BLVD

Address

#111

City/State and Zip Code

ALTAMONTE SPRINGS FL 32701

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

For further information concerning this matter, please call:

ADRIANA GREZDA

321 444-7394

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**

U R HOME REALTY GROUP 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 08/16/2021 and assigned
Florida document number L21000355487.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

283 CRANES ROOST STE 111

ALTAMONTE SPRINGS FL 32701

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:

NADINE MIA DIERCKS

New Registered Office Address:

202 RIVER BEND CT

Enter Florida street address

LONGWOOD


City

Florida 32779

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	HOMES BY ANA INC	283 CRANES ROOST STE 111	<input checked="" type="checkbox"/> Add
		ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NADINE MIA DIERCKS LLC	202 RIVER BEND CT	<input checked="" type="checkbox"/> Add
		LONGWOOD FL 32779	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ADRIANA GREZDA	283 CRANES ROOST STE 111	<input type="checkbox"/> Add
		ALTAMONTE SPRINGS FL 32701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.)

CORRECTION OF ADDRESS AND MGR'S

E. Effective date, if other than the date of filing: 08/16/21 (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 OCTOBER 08 2021

Signature of a member or authorized representative of a member

ADRIANA GREZDA

Typed or printed name of signer

Filing Fee: \$25.00