

(((H22000043173 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future fannual report mailings. Enter only one email address please. PH 12: 19

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WE BUY HOUSES 877-OKALOOSA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

We Buy Houses 877-Okaloosa, LLC			4		
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Liability Company)		ij		
The Articles of Organization for this Limited Liability Company Florida document number L21000509899 This amendment is submitted to amend the following:	were filed on <u>12/01/2021</u>	and assigned			
·	224				
A. If amending name, enter the new name of the limited liab	inty company nere:				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	2018 Lewis Turner Blvd.	Suite-C			
(Principal office address MUST BE A STREET ADDRESS)	Fort Walton Beach, Florida, 32547				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address City	ine of the new region of the n	<u>istered</u>		
	City	Zip Coae			

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 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
			□Add
			Remove
			□Change
			□Add
			□Remove
			☐Change
			□Add
		□Remove	
		Miles Marie	[]Change
		AND THE RESERVE OF THE PARTY OF	□Add
			Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Changa

					<u> </u>			
			<u></u>					
					<u>.</u>			
·								
								
								
						<u> </u>		
			<u></u>	· · · · · · · · · · · · · · · · · · ·				
Note: If the d	te is listed, the da ate inserted in t	n the date of fil te must be specific his block does no the Department o	and cannot be prion timeet the appli	icable statutory	or more than 90 filing requirem	(optional) days after filing.t ents, this date	Pursuant to 605.0 will not be listed	207 (3)(I as the
the record specificated is filed.	ies a delayed of	fective date, but	not an effective	time, at 12:01 a	.m. on the earl	ier of: (b) The	e 90th day after t	the
Dated Feb	2		2022					
	Magan (Signature o	f a member or aut	horized represent	ative of a membe	er		
	lorgan N			nted name of sign				

Filing Fee: \$25.00