

L22 000080375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

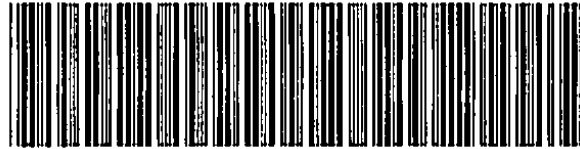
(Document Number)

d Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

al Instructions to Filing Officer:

Office Use Only

A. RIVERS  
JAN 25 2023



900397024379

2022 NOV -4 AM 8:06

FILED

Registration Section  
Division of Corporations

EFFECT: HOMIJ LLC  
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Return all correspondence concerning this matter to the following:

Weldon Buie  
Name of Person

HOMIJ LLC  
Firm/Company

1420 Celebration Blvd Suite 200  
Address

Celebration FL 34747  
City/State and Zip Code

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

For further information concerning this matter, please call:

Weldon Buie at (813) 446-4945  
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

TO  
ARTICLES OF ORGANIZATION  
OF

HDMIJ LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 02-17-2022 and assigned document number L220000080375.

Amendment is submitted to amend the following:

Changing 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."

New principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

New mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

Changing 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:

Adrian L. Thomas

New Registered Office Address:

6421 North FL Str. D-635

Enter Florida street address

Tampa

City

Florida

33604

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is submitted 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

oved from our records:

= Manager

R = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
1 <u>Adrian Thomas</u>	<u>6421 North FL Str. 0435 33604</u>	<input checked="" type="checkbox"/> Add <sup>Tampa, FL</sup>
	<u>Tampa, FL 33604</u>	<input type="checkbox"/> Remove
	<u></u>	<input type="checkbox"/> Change
<u>Weldon Buie</u>	<u>1420 Celebration Blvd</u>	<input type="checkbox"/> Add
	<u>Suite 200 Celebration,</u>	<input checked="" type="checkbox"/> Remove
	<u>FL 34747</u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<input type="checkbox"/> Add
	<u></u>	<input type="checkbox"/> Remove
	<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<input type="checkbox"/> Add
	<u></u>	<input type="checkbox"/> Remove
	<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<input type="checkbox"/> Add
	<u></u>	<input type="checkbox"/> Remove
	<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<input type="checkbox"/> Add
	<u></u>	<input type="checkbox"/> Remove
	<u></u>	<input type="checkbox"/> Change

Submitting any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: \_\_\_\_\_ (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)

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

Word 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 filing.

1. October 31, 2022.

Weldon Blue

Signature of a member or authorized representative of a member

Weldon Blue

Typed or printed name of signee