

L22000358879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

Monday

(Business Entity Name)

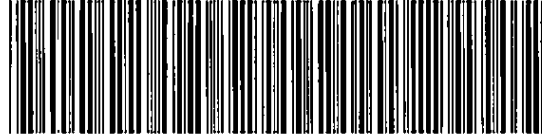
(Document Number)

Certified Copies _____ Certificates of Status _____

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J. HORNE
SEP 12 2022

Office Use Only



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09/09/22--01023--001 **60.00

RECEIVED
2022 SEP -9 PM 12:18
U. S. DEPARTMENT OF STATE
SECRETARY OF STATE
FALLASSIST, FLO
2022 SEP -9 AM 9:14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Homes for Families, 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:

Kimberly Main

Name of Person

Homes for Families, LLC dba 1st Class Real Estate The Main Source

Firm/Company

2353 Silver View Drive

Address

Lakeland, FL 33811

City/State and Zip Code

kimyourmainsource@gmail.com

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

For further information concerning this matter, please call:

Kimberly Main

757 390-9099
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

FILED
2022 SEP -9 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FL
CORDS.)

If Changing Registered Agent, Signature of New Registered Agent

in 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	Cydney Reagan	200 Booth Rd., Suite D	<input type="checkbox"/> Add
		Ormond Beach, FL. 32174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chance Clauss	1202 SW 17th Suite 201 157	<input checked="" type="checkbox"/> Add
		Ocala, FL. 34471	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(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)

FEB 27 1965