

122000426837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

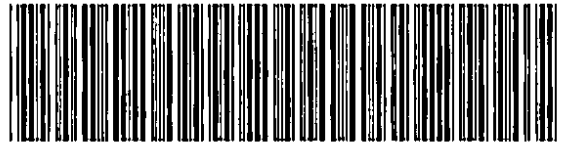
(Business Entity Name)

(Document Number)

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FBI

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Home Pros a GR8FL Company 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:

Lakota Ivers

Name of Person

Home Pros a GR8FL Company LLC

Firm/Company

26148 Saint Michael Ln

Address

Bonita Springs, FL, 34135

City/State and Zip Code

Kota@gr8flcompany.com

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

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For further information concerning this matter, please call:

Lakota Ivers

Name of Person

at ( 801 )

Area Code

830-7074

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**

Home Pros a GR8FL Company 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 10/03/22 and assigned  
Florida document number L22000426837.

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)**

26148 Saint Michael Ln

Bonita Springs

FL, 34135

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

26148 Saint Michael Ln

Bonita Springs

FL, 34135

**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:

26148 Saint Michael Ln

Enter Florida street address

Bonita Springs, Florida

City

34135

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	Blake Kennedy	26148 Saint Michael Ln	<input type="checkbox"/> Add
AMBR		Bonita Springs	<input type="checkbox"/> Remove
		FL, 34135	<input checked="" type="checkbox"/> Change
AMBR	Lakota Ivers	20302 park row, ste 100	<input type="checkbox"/> Add
		Katy, TX	<input type="checkbox"/> Remove
		77449	<input checked="" type="checkbox"/> Change
AMBR	Tyler Tashiro	20302 park row, ste 100	<input type="checkbox"/> Add
		Katy, TX	<input type="checkbox"/> Remove
		77449	<input checked="" type="checkbox"/> Change
AMBR	Jonny Tsitouris	26148 Saint Michael Ln	<input checked="" type="checkbox"/> Add
		Bonita Springs	<input type="checkbox"/> Remove
		FL, 34135	<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

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**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.

Dated 11/28, 2022

*[Handwritten signature]*

Signature of a member or authorized representative of a member

Lakota Ivers

Typed or printed name of signer