L23000167933

(R	equestor's Name)	
(A)	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phon	 e #)
·	•	
PICK-UP	WAIT	MAIL
		
(8)	usiness Entity Na	me)
(Da	ocument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to		
Special mandenons to	or liling Cancer.	

Office Use Only



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2023 SEP -5 AM 11: 2

COVER LETTER

Division of Cor	rporations		•
Home Life SUBJECT:	Realty, LLC		
object:	Name of Lim	ited Liability Company	
The analogad Articles of	Amendment and fee(s) are sub	mittad for filing	
		-	
'lease return all correspo	ondence concerning this matter	to the following:	
	Sasha Eastburn		
	-	Name of Person	
	Eastburn Law Firm		
		Firm/Company	
	5365 E Conty Highway 30	a. Ste 105	
		Address	
	Santa Rosa Beach, FL 324	59	
		City/State and Zip Code	
	sasha@eastburnlaw.com	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please c		
Sasha Eastburn	· · · · · · · · · · · · · · · · · · ·	850 260-3332	
		at ()	
Name o	if Person	Area Code Daytime	l'elephone Number
Enclosed is a check for t	he 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 Addres		<u>Street Address:</u> Registration Sect	ion
Registration . Division of C		Division of Corpe	

P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



August 15, 2023

SASHA EASTBURN 5365 E CONTY HIGHWAY 30A, STE 105 SANTA ROSA BEACH, FL 32459

SUBJECT: HOME LIFE REALTY, LLC

Ref. Number: L23000167933

We have received your document for HOME LIFE REALTY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 823A00018766

SEP 0 5 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Home Life Realty, LLC

	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
	bility Company were filed on 04/04/2023	and assigned
Florida document number L23000167933	 .	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
CAPCON Really, LLC > CAPCON	leal EState, LLC ds "Limited Liability Company," the designation "LLC" or the ab	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	OX)	
	<u> </u>	
R. If amonding the registered point and/or re-	gistered office address on our records, <u>enter the nam</u>	e of the new register
• • • • • • • • • • • • • • • • • • • •		
• • • • • • • • • • • • • • • • • • • •	here:	
agent and/or the new registered office address	<u>here</u> :	
* * * * * * * * * * * * * * * * * * * *	<u>here</u> :	
agent and/or the new registered office address		2023 S
Name of New Registered Agent:	here: Enter Florida street address	2023 SEP
Name of New Registered Agent:	Enter Florida street address , Florida	2023 SEP - 5
Name of New Registered Agent:	Enter Florida street address	Zip Code To St
Name of New Registered Agent:	Enter Florida sweet address, Florida	2029 SEP - 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
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			□Change
			□Add
			Remove

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		<u> </u>
		
		,
an effective date is listed, the date n force: If the date inserted in this	he date of filing: nust be specific and cannot be prior to date of filing or more block does not meet the applicable statutory filing re Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.020 equirements, this date will not be listed as
record specifies a delayed effectis filed.	tive date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after the
July 13	2023	
	n/) - hits	4
	After If The	-
	Signature of a member or authorized representative of	a member

Filing Fee: \$25.00