

L23000309 838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

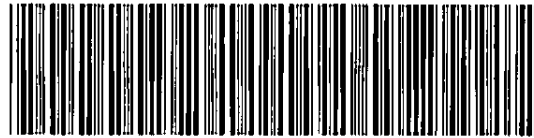
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AUG 15 2023

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**DATE: 08/14/2023**

**NAME: HOMESAWAIT ORLANDO LLC**

**TYPE OF FILING: AMENDMENT**

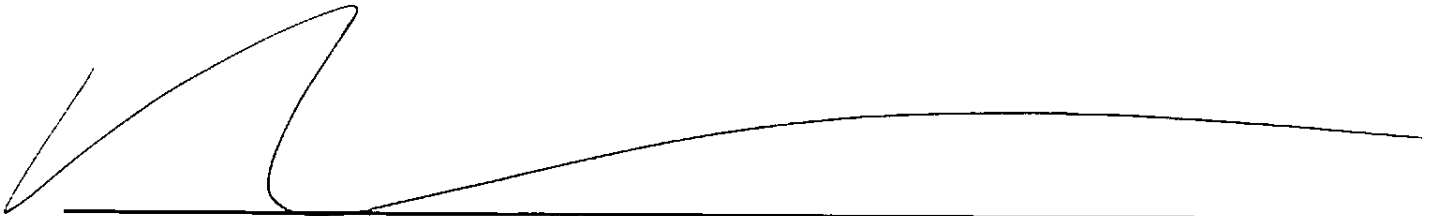
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Homesawait Orlando 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:

Helen Ma

\_\_\_\_\_  
Name of Person

Homesawait Orlando LLC

\_\_\_\_\_  
Firm/Company

14622 Ventura Blvd #102-756

\_\_\_\_\_  
Address

Sherman Oaks, CA 91403

\_\_\_\_\_  
City/State and Zip Code

helen@homesawait.com

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

For further information concerning this matter, please call:

Helen Ma

949 5187936  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**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          | Jeff Xiao         | 14622 Ventura Blvd #102-756, | <input type="checkbox"/> Add               |
|              |                   | Sherman Oaks, CA 91403       | <input checked="" type="checkbox"/> Remove |
|              |                   |                              | <input type="checkbox"/> Change            |
| AMBR         | Jeff Xiao         | 14622 Ventura Blvd #102-756, | <input checked="" type="checkbox"/> Add    |
|              |                   | Sherman Oaks, CA 91403       | <input type="checkbox"/> Remove            |
|              |                   |                              | <input type="checkbox"/> Change            |
| MGR          | Xing Ma           | 14622 Ventura Blvd #102-756, | <input type="checkbox"/> Add               |
|              |                   | Sherman Oaks, CA 91403       | <input checked="" type="checkbox"/> Remove |
|              |                   |                              | <input type="checkbox"/> Change            |
| AMBR         | Xing Ma           | 14622 Ventura Blvd #102-756, | <input checked="" type="checkbox"/> Add    |
|              |                   | Sherman Oaks, CA 91403       | <input type="checkbox"/> Remove            |
|              |                   |                              | <input type="checkbox"/> Change            |
| MGR          | Charles D Medalie | 14622 Ventura Blvd #102-756, | <input checked="" type="checkbox"/> Add    |
|              |                   | Sherman Oaks, CA 91403       | <input type="checkbox"/> Remove            |
|              |                   |                              | <input type="checkbox"/> Change            |
|              |                   |                              | <input type="checkbox"/> Add               |
|              |                   |                              | <input type="checkbox"/> Remove            |
|              |                   |                              | <input type="checkbox"/> Change            |

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(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 record 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 record is filed.

  
Signature of a member or authorized representative of a member

Typed or printed name of signee