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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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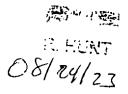
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Division of Cor		•	
eun reer.	HOMEE	ESTOR LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Matt Berklacy	91 20
		Name of Person	DIVISION GER 2023 AUG 24
		Firm/Company	- \ - \
		1775 US-1 South	PH 12: 40
		Address	
		St Augustine, FL 32084	
		to be used for future annual report notific	Matt Becklary 220 g mai
	oncerning this matter, please c		
Matt Be	erklacy if Person	at () 480 5320 Area Code Daytime	Telephone Number
Enclosed is a check for the	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 Registration S Division of C	Section	Street Address: Registration Sect Division of Corp	
P.O. Box 632	27	The Centre of Ta	llahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION OF

HOMEBESTO	R LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appe Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on _	July 31st. 2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company l	nere:	
WE BUY REAL ESTATE LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the	designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			023 AUG
			AUG
			77 \$ 10 W OF CORN
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			72
And the state of t	•		E (2-
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our	records, <u>enter the</u>	name of the new registered
New Registered Office Address:	- · · · - - - · · · ·		
	Enter El	orida street address	
		, Florid	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as placing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance o provided for in	f my duties, and I Chapter 605, F.S.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Add
		11.0	
			YISION
			Challed a Control of C
			
			□Add
			☐Remove
			□Change
			□Remove
			[] Change
			□Remove
			□Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		
		
	2023	
	AUG	G KOISTAID
	24 P	F CORF
	PH 12:, 1	
	0+	'
Effective date, if other than the date of filing:		
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th cord is filed.	lay after the	Ľ
Dated August 21st . 2023. Matthew Berklaus Signature of a member or achorized representative of a member		
Matthew Berklacy Signature of a member or achorized representative of a member		
Matthew Berklacy Typed or printed name of signee		