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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Home Equity Sector 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:
Witner Milord,
Home Equity Sector LLC
5960 36th St W # I 305
Bradenton, FL 34210 City/State and Zip Code
Home Equity Sector @ gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Witner Milord at (941) 909-5954 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

Name of the Limited Liability Comp (Name of the Limited Liability Comp (A Florida Limited	any as it now appears on c Liability Company)	ur records.)
This amendment is submitted to amend the following:	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) ganization for this Limited Liability Company were filed on	
A. If amending name, enter the new name of the limited lial	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) stor Organization for this Limited Liability Company were filed on	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
Principal office address MUST BE A STREET ADDRESS)		
Fator now mailing address if applicables		SS P
		72 4
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B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
 		
	City [.]	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 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>	Address		Type of Action
MGR	Witner Milord	5960 36th St W I 305	Braclent	60. FC 34210 Data
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ctive date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing or more	than 90 days after filing.)	
e: If the date inserted in this block does not meet the applicable statutory filing reament's effective date on the Department of State's records.	equirements, this date v	viii not be tist
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The	: 90th day afte
filed.		
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a <u>september</u> , 2007.		
signature of a member or authorized representative of		