16000133455

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COVER LETTER

SUBJECT:	HOMES IMAGE CONCEPT LLC Name of Limited Liability Company	
	cles of Amendment and fee(s) are submitted for filing. orrespondence concerning this matter to the following:	
rease return an ec	ortespondence concerning this matter to the knowing.	
	AGATA DOWNAR-ZAPOLSICA	
	Name of Person	
	HOMES IMAGE CONCEPT LC Firm/Company	
	1421 N 65th TERR	
	HOLLYHOUD FL 33024 City/State and Zip Code	
	HOHESIMAGE CONCEPT.LLC @ CHAIL . WH E-mail address: (to be used for future annual report notification)	
For further informa	ation concerning this matter, please call;	
AGATA E	Name of Person at (786) 398-3724 Area Code Daytime Telephone Number	
Enclosed is a check	k for the following amount:	
🕱 \$25.00 Filing F	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status Certified Copy Certificate of (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Status & Dy

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOMES INAGE CONC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Jiability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000133455</u> .	were filed on <u>07/15/16</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	N/A	<u>.</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/17	7
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		Sign of the new
Name of New Registered Agent:	NA	111:49 2 1/2:49
New Registered Office Address:	Enter Florida street address	
	vmer r torida street address	
	, Florida _	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>	Address	Type of Action
AHBR.	AGATA DONNAR-ZAPOLSKA	8200 NN 121h ST	X Add
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f an effecti Note: - If :	ive date is liste	ter than the did, the date must be tred in this block	ne specific and i	d cannot be pr	ior to date of ti	ling or more than	90 days after f	ling.) Pursi	uant to 69	05.0207
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00