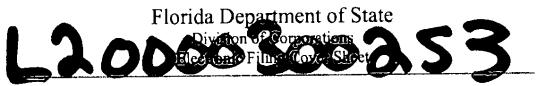
1/8/2021

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000009579 3)))



H210000095793A8C0

From: Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889 **Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.** Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2HOMECASH LLC Certificate of Status 0	То	To: Division of Corporations Fax Number : (850)617-6383				
Account Number: 120010000062 Phone: (323)962-8600 Fax Number: (323)962-3889 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2HOMECASH LLC Certificate of Status 0	Fr	m:	NC.			
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2HOMECASH LLC Certificate of Status 0		Account Number : I20010000062 Phone : (323)962-8600				
Certificate of Status 0	ζ.	annual report mailings. Enter only or	s entity to be used ne email address plea	for future ase.**		
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Certified Copy	C7 :01 III	email Address: LLC AMND/RESTATE/CORRECTED COMECASH	CT OR M/MG RES			
	. (email Address: LLC AMND/RESTATE/CORRECTED COMECASH	CT OR M/MG RES	956.**		

Electronic Filing Menu

Corporate Filing Menu

Help

≂arge, 3 of 6

COVER LETTER

	rision of Corp		*			
NUMBER OF	2HOMECA	SH LLC	<u>.</u>			
SUBJECT:	Name of Limited Liability Company					
The enclose	d Articles of	Amendment and fee(s) are subtr	nitted for filing.			
Please return	n all correspo	ndence concerning this matter t	o the following:			
		Cheyenne Moseley				
			Name of Person			
		Legalzoom.com, Inc.				
			Firm/Company	·		
		101 N Brand Blvd 11th Fl				
			Address			
		Glendale, CA 91203				
			City/State and Zip Code			
		2homecash@gmail.com	o be used for future annual report not	fication)		
Car further	information c	onceming this matter, please or		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Cheyenne		VIII.	800 773-0888			
	Name o	f Person	Area Code Daysim	e Telephone Number		
Enclosed is	a check for t	he following amount:				
\$25.00		☐ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
		ING ADDRESS: ration Section	STREET/COUR Registration Secti	on		
	Divisio P.O. B	on of Corporations fox 6327 assee, FL 32314	Division of Corpo Clifton Building 2661 Executive C	enter Circle		

Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

0	F
2HOMECASH LLC	CO 1
(Name of the Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000300253</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Linbit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or the abbreviation "LLC" 18495 S Dixie Hwy #358 Cutler Bay, Florida 33157
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18495 S Dixie Hwy #358 Cutter Bay, Florida 33157
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
·	City Zip Code
New Bankerson Agent's Signature if changing Registered Agent	:

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 heing 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.

H 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

Page: 5 of 6

<u>Title</u>	Name	Address	Type of Action
AMBR	Uverlinda Xitumul	_	Add
			☐ Remove
		18495 S Dixie Hwy #358 Cutler Bay, Florida 33157	≅ Change
			□ Add
			□ Remove
			☐ Change
		_	
			☐ Remove
			□ Change
		_	□ Add
			Remove
			Change
		_	∩ ∧dd
			C Remove
			Change
			□ Remov e
			Change

Page 3 of 3

Dated 12/30/20

Uverlinda Xitumul

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee