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SECRETARY OF SPATS
TALL AHASSEE, FLORIDA

T. CLINE

JUL 3 1 2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	Valencia Re	alty Services, LLC			
Name of Limited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Paula Samarel			
		Name of Person			
		Firm/Company	- _{1,0} ,		
269 Coral Trace Court					
		Address			
	Deli	ay Beach Florida 33445			
		City/State and Zip Code		-	
	E-mail address: (Psamarel@aol.com to be used for future annual report noti	fication)	AME SEE	<u>.</u>
For further information	concerning this matter, please of	all:		SECRETARY ARLAHASSE	3 \$ =
P	aula Samarel	at (732)	766-1187		والافرا مولا
Name	of Person	Area Code & Daytir	ne Telephone Number		E (1994)
Enclosed is a check for	the following amount:			A Company	1
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified	e of Status &	

MAILING ADDRESS:

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

	a Realty Services LL		
(<u>Name of the Limited Liabi</u>	ity Company as it now appea la Limited Liability Company)	rs on our records.	
(A Hone	a Limited Elability Company)		
The Articles of Organization for this Limited Liability	Company were filed on	July 23, 2012	and assigned
Florida document number L12000094586			
			
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	mited liability company he	re:	
<u> </u>			
	Home Management Se		C Strong
The new name must be distinguishable and end with the	words "Limited Liability Comp	any," the designation "	LECTION the abbreviation
"L.L.C."			
Enter new principal offices address, if applicable:			D. C.
• •			S 20 1
(Principal office address MUST BE A STREET AD	DRESS)		
			E 5
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Muning unitess MAT BE AT OST OFFICE BOXY			,
B. If amending the registered agent and/or re-	gistered office address on	our records, enter	the name of the nev
registered agent and/or the new registered office a	ddress here:		
Name of New Registered Agent:			
N B 1 100 411			
New Registered Office Address:	D.	nter Florida street aa	Iduana
	E.	nier r ioriaa sireet aa	uress
		. Florida	
	City	, x 101 1044	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			T Damaua
			Add Remove
			Add Remove
			Remove
			A SEC Add A SEC Add A SEC A
			Add Remove
D. If amend	ding any other information	n, enter change(s) here: (Attach additional sh	eets, if necessary.)
_ _			
	July 26		
	Signati	Paula Jamarel ure of a member of authorized representative of a r	MG-RM nember
	Signat	Paula J Samarel Typed or printed name of signee	
		- A L L	

Page 2 of 2

Filing Fee: \$25.00