L13000139189

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SECRETARY OF STATE
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COVER LETTER

	vision of Corp		·	
SUBJECT:	Homé So	olutions of Central Florid	da, LLC	
SOBJECT.		Name of Limi	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Shane Harris		
			Name of Person	
			Firm/Company	······································
		318 S Scenic Hwy#	100	
			Address	
		Lake Wales, Fl. 338	53	
			City/State and Zip Code	
		shane@harrispropert	-	
		E-mail address: (I	to be used for future annual report notific	ration)
For further i	nformation co	oncerning this matter, please ca	all:	
Shane H	arris		407 730-0809	
	Name of	Person	Area Code Daytime	Геlephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 I	Filing Fee	□ \$30.00 Filing Fce & 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 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**

FILED 2014 NGV -7 PH 12: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Home Solutions of Central Florida, LLC	Home	Solutions	of	Central	Florida,	LLC
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(Name of the Limited Liability Company as it now appears on our records,)

	10/02/2012
The Articles of Organization for this Limited Liability Company	were filed on 10/02/2013 and assigned
Florida document number L13000139189	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	vility company here:
Harris Property Inspections, LLC.	
The new name must be distinguishable and end with the words "Limited Liab	pility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	318 S. Scenic Hwy #100
(Principal office address MUST BE A STREET ADDRESS)	Lake Wales, FI 33853
Enter new mailing address, if applicable:	318 S. Scenic Hwy #100
(Mailing address MAY BE A POST OFFICE BOX)	Lake Wales, Fl 33853
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	
	Enter Florida street address
	Enter Florida street address , Florida

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

!	<u>Name</u>	<u>Address</u>	Type of Actio
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Page 3 of 3

Filing Fee: \$25.00

