L15000107452

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2022 JUN - 7 PM 2: 43
SECRETARY OF STATE
TALL AHASSEE FE

COVER LETTER

TO: Registration Se Division of Cor			
FDO Home			-
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Felipe D' Ossa		
		Name of Person	
	FDO Home Pro LLC		
	*	Firm/Company	
	1152 Overcash Drive		
		Address	
	Dunedin, FL 34698		
		City/State and Zip Code	
	felipe@fdohomepro.com E-mail address: (to be used for future annual report notific	ration)
For further information c	oncerning this matter, please e		
Felipe D' Ossa		727 207-2671 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & 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 Addres Registration S		<u>Street Address:</u> Registration Sect	ion
Division of C		Division of Corp	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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FDO Home Pro LLC

LLC

SECRE MAN OF STATE

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L15000107452		
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 Liabil	lity 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	rida
	City	r ida

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>	Name	Address	Type of Action
Vicepresi	Lina M. Devia	1152 Overcash Drive Dunedin, FL 34698	= Add
			□Remove
			□Change
			□Add
			Remove
			□Change
-			□Add
			□Remove
			□Change
			🗆 🗆 Add
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			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

Adding a new LLC memb	er my wife Lina M	4. Devia as a Vic	epresident		
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					7 JUN
					PH
					VSSE VOI
					SSEC. FL
ctive date, if other than	the date of filir	01/01/20222 ng:	o date of filing or r	or nore than 90 days at	tional) ter (iling.) Pursuant to 6
. If the data incerted in I	nis biock does not	meet the approve	ble statutory fili	ng requirements,	his date will not be li
ument's effective date on (ine Department of	State 3 records.			
cord specifies a delayed ef	fective date, but n	ot an effective tir	me, at 12:01 a.m	on the earlier of:	(b) The 90th day af
s filed.			Λ		
June 1		2022			
ed		+++	Kall		
	_	$++$ \wedge \cup		re of a member	

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