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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

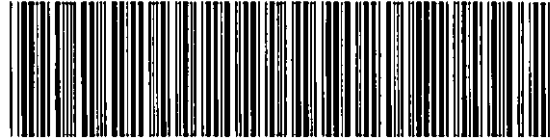
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG 20 AM 9:30

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AUG 27 2018

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HOME SOURCE GROUP, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luis Marino

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2162 LOCHMOOR CIRCLE

\_\_\_\_\_  
Address

NORTH FORT MYERS, FL 33903 US

\_\_\_\_\_  
City/State and Zip Code

lmarino2@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis Marino

239 440-4410

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 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 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



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>	<u>Address</u>	<u>Type of Action</u>
MGR	Luis Marino	2162 LOCHMOOR CIRCLE	<input type="checkbox"/> Add
		NORTH FORT MYERS, FL	<input type="checkbox"/> Remove
		33903 US	<input checked="" type="checkbox"/> Change
AMBR	Barry Goettemoeller	428 SE 29th St	<input type="checkbox"/> Add
		Cape Coral, FL 33904	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Luis Marino 51% MGR

Barry Goettemoeller 49% AMBR

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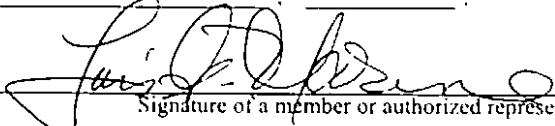
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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 8-13-18

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Luis G. MARINO  
\_\_\_\_\_  
Typed or printed name of signee