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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporation Corporation (Corporation Corporation)			
SUBJECT: HOME	Rawn Correpte Name of Limi	> ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Daviel Est	Name of Person	
		Firm/Company	
	912 Tamerlan	ne St Address	
	Deltona, FL	32725 City/State and Zip Code	
	Honeg-Rountal E-mail address: (to	KS GGM & I. Como be used for future annual report notifi	cation)
For Further information cond	erning this matter, please ca	11:	
Daviel Ester	con Aya1a	at (<u>407</u>) <u>372 - C</u> Area Code Daytime	Mac Telephone Number
Enclosed is a check for the i	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HomeGray	cepts 11C	ny as it now annears an	our rosords \		
(Name of the Limite	A Florida Limited L	ny as it now appears on iability Company)	our records.)		
The Articles of Organization for this Limited Lia	ability Company	were filed on	123/2016	and assi	gned
Florida document number <u>L 16000120</u>	616_		' '		
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabi	ility company here:			
N/A					
The new name must be distinguishable and contain the we	ords "Limited Liabil	ity Company," the design	nation "LLC" or the abl	oreviation "L.L	C."
Enter new principal offices address, if applica					
(Principal office address MUST BE A STREE	(ADDRESS)				
The transfer of the 12 state o		- \		<u> </u>	7 1
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE I</u>	20V)	N/k			
man, og uddress (MAT DE ATOST OFFICE I	<u> </u>				
				£	- 3
B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered of	Tice address on ou	r records, enter	the name o	of the nev
registered agent and/or the new registered or	ice address ner	<u>.</u> .			
Name of New Registered Agent:	Daniel	EStevan	SISPA		
New Registered Office Address:	N/A				
·	,	Enter Florida s	treet address		
		Cit _i .	, Florida	Zin Code	
		210		Ly Cour	

New Registered Agent's Signature, if changing Registered Agent:

I here'sy 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anæger uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Christopher N. CRUZ	1333 lake Baldwin In	🗹 Add
		1333 lake Baldwin In # 408 ORLANDO FL, 321	S14 □ Remove
			Change
			□ Remove
			Change
			
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			Change

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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 605.02 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed accument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier. The 90th day after the record is filed. Signature of a member or authorized representative of a member.	·					
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Filing Fee: \$25.00