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SECRETARY UNITATES

TO: Registration Se Division of Cor	ction porations		•	
SUBJECT:	LC Home So	lutions, LLC.		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		-
Please return all correspo	ndence concerning this matter	to the following:		
	Ivan Pa	MPI 110		
	ILC Ho	ome Solutions, L	LC.	5
·	17208 K)W 66 Ct		ATTAHASSES PM 5:
	1 : 4	Address		Q ()
	Hialeah	, FL 33015		PR 기
		City/State and Zip Code		လုံး ်
	1 01111101	o) ILCHS.COM to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please c	all:		
Ivan Pa	CMPINO FPerson	Area Code Daytime	- 8 8 () Telephone Number	_
Enclosed is a check for the	ne 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 Fe Certificate of S Certified Copy (additional copy is	status &
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	Liability Company as it A Florida Limited Liability	now appears on our Company)	records.)		
The Articles of Organization for this Limited Lial Florida document number 1000129	bility Company were fi 436	iled on July	, 08,2016	and assi	gned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liability co	mpany here:			
The new name must be distinguishable and contain the wor	ds "Limited Liability Com	pany," the designatio	n "LLC" or the abb	previation "L.L	.c."
Enter new principal offices address, if applicat	ole:			ਰੇ	SEC.
(Principal office address MUST BE A STREET	ADDRESS)			SEP	至
				25	\$5.25 <u>-</u>
				PH	2000 B
Enter new mailing address, if applicable:		·		<u> </u>	
(Mailing address MAY BE A POST OFFICE BO	<u></u>				<u>ਦ੍ਰਾ</u>
B. If amending the registered agent and/or registered agent and/or the new registered office	<u>ce address here</u> :	^ .		the name o	f the new
Name of New Registered Agent:	Ivan	fampilla	<u> </u>	,, , , , , , , , , , , , , , , , , , ,	
New Registered Office Address:	140 M	31 54		****	
	<u>Hialear</u>	Enter Florida street	, Florida	330 \ Zip Code	<u> </u>

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MAR	Luis A. Buron	140 W 31 At	
		Hialeah, FL 33012	Remove
	Δ		☐ Change
MGR	Carlos Horales	140 N 31 St	□ Add
		Hialeah, FL 33012	
			Change
			Remove
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T THE	tive date, if other than the date of filing: $09/19/2016$ (optional)	
ਤੌਂ an ef	fective 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 6)5.0207 (3)(b
Note: docun	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be linent's effective date on the Department of State's records.	sted as the
if the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear	ier of:
אווו (ם)	e 90th day after the record is filed.	
Dated	09/19/2016	
	Signature of a member or authorized representative of a member	
	The Braille	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00