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COVER LETTER

	Registration Sec Division of Corp					
CUDIEC	Home Pros	of SWFL, LLC				
SUBJECT: Name of Limited Liability Company						
The encle	osed Articles of A	amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspon	dence concerning this matter	to the following:			
		Jeff Purcella				
		·	Name of Person			
		Home Pros of SWFL, LLC				
Firm/Company						
		1217 Cape Coral Pkwy E	#230			
			Address			
		Cape Coral, FL 33904				
			City/State and Zip Code			
		Q.HomeProServices@Gma				
			to be used for future annual report notific	cation)		
For furth	er information co	ncerning this matter, please ca	all:			
Jeff Pur	cella		239 800.5300 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed	l is a check for the	e following amount:				
□ \$25.0	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

Home Pros of SWFL, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L16000143250	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		0,40
(Principal office address MUST BE A STREET ADDI	RESS)	01./15104 01./15104
		a - 5
		T CONTROLLED
Enter new mailing address, if applicable:		ORFORK D
(Mailing address MAY BE A POST OFFICE BOX)		
		tio
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	-	r the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	City	Zip Code

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

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>	Address	Type of Action
AMBR	Purcella, Jeffery W	1217 Cape Coral Pkwy E #230	
		Cape Coral, FL 33904	■ Remove
			Change
AMBR	Williams, LaQuita D	1217 Cape Coral Pkwy E #230	
		Cape Coral, FL 33904	Remove
			Change
			□ Add
			Remove
			OD Ch 天
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			OCTOR REVER DE COMPANION C
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			□ Remove
			☐ Change
			Add
			Remove
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(If an eff Note:	ctive date, if other than the date of filing: 08/01/2016 (optional)	uant to 605.0207 (3)(b not be listed as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t e 90th day after the record is filed.	he earlier of:
Dated	d 10,-17-2016, Out of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member Jeff Purcella	

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Typed or printed name of signee

Filing Fee: \$25.00