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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

SEP 29 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOMEFIX SERVICES & SOLUTIONS 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:

JONATHAN ASERRAF

Name of Person

Firm/Company

7950 NW 53RD STREET, SUITE 337

Address

MIAMI, FLORIDA 33166

City/State and Zip Code

JA@OFFIXSOLUTIONS.COM

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

For further information concerning this matter, please call:

JONATHAN ASERRAF

305 799-1576
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HOMEFIX SERVICES & SOLUTIONS LLC

(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 10/05/2016

Florida document number L16000185660

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1204 Michigan Ave

(Principal office address MUST BE A STREET ADDRESS)

Saint Cloud, Florida 34769

Enter new mailing address, if applicable:

1204 Michigan Ave

(Mailing address MAY BE A POST OFFICE BOX)

Saint Cloud, Florida 34769

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ORTIZ ALVAREZ, LUZ BEATRIZ

New Registered Office Address:

1204 Michigan Ave

Enter Florida street address

Saint Cloud

City

Florida 34769

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.

LUZ ORTIZ
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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Ortiz Alvarez, Luz Beatriz	1204 Michigan Ave	<input type="checkbox"/> Add
		Saint Cloud, Florida 34769	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	Ortiz Alvarez, Hebert Rene	1204 Michigan Ave	<input type="checkbox"/> Add
		Saint Cloud, Florida 34769	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

Dated September 25th, 2017

Typed or printed name of signee

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