## 117000007990

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02/27/17--01037--005 \*\*25.00

SECRETARY OF STATE.

**S Warren** FEB 2 8 2017

## **COVER LETTER**

FLORIDA Subject:	A HOME MANAGEMENT SEF	RVICES "LLC"	
	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	SERGE BALMIR		
		Name of Person	
	FLORIDA HOME MANA	GEMENT SERVICES	
	<del></del>	Firm/Company	
	1895 SW NEWPORT ISL	E BLVD	
		Address	
	PORT ST LUCIE, FL 349	53	
	<del></del>	City/State and Zip Code	
	SERGEBALMIR@SYMPA	ATICO.CA to be used for future annual report noti	fication)
For further information	concerning this matter, please c	·	ŕ
MARIE MORENCY		954 632-9822 at ( )	
Name	of Person	Area Code Daytim	e 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
Regis Divis P.O. 1	LING ADDRESS: stration Section ion of Corporations Box 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	n rations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA HOME MANAGEMENT SERVIC	CES "LLC"		
(Name of the Limited Liability (A Florida	y <u>Company as it now appear</u> Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 01.	/10/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limit</u>	ed liability company be	ere:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the d	esignation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address.		our records, enter th	ne name of the ne
Name of New Registered Agent:			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	Enter Floi	rida street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	-		zip cone
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this of the second in this of the mplete performance of the ent as provided for in Color of the ent as provided for in Color of the ent	my duties, and I am far Chapter 605, F.S. Or, if by confirm that the limit	niliar with and this document is ted liability
	II Changing Registered A	gent, Signature of New Regis	

Page 1 of 3

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
MGR	SERGE BALMIR	1895 SW NEWPORT ISLE BLVD	
		PROT ST LUCIE, FL 34953	□ Remove
			☐ Change
	<del></del>		
		***************************************	□ Remove
		·	Change
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if other than	the date of f	illing:/			(optic	onal)	
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ctive date on the	he Department	t of State's re	ecords.				
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At the second					ا		
/	Signature	of a member	or authorized re	presentative of a	member >		* **
RIE MORFNO	.Y				ング・ ジュ・ ごり・	が 六 <b>一</b> 人	1
		Typed	or printed name	of signee	771	_	<u>_m</u>
		-3F-2		<b>5</b>		CD:	Q
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