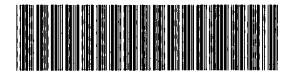
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FILED
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TALLAHASSEE, FLORID.

D. BRUCE APR 04 2017

## **COVER LETTER**

TO: Registration Se Division of Cor			
HOME SUI	PPLY AND CONSTRUCTION	N LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RAUL ARMANDO LOPI	EZ GUTIERREZ	
		Name of Person	
	HOME SUPPLY AND CO	ONSTRUCTION LLC	
		Firm/Company	201 SE
8481 NARCOOSSEE RD APT 13304 Address			
		Address	2017 APR - 3 SECRETARY ALLAHASSE
	ORLANDO, FL 32827		YOF EE, F
		City/State and Zip Code	TARY OF STATE ASSEE, FLORIDA
	E-mail address: (	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	
RAUL A LOPEZ GUTII	ERREZ	786 238-0261	
Name o	f Person		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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/COURING Registration Section	

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOME SUPPLY AND CONSTRUCTION LLC		
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our re imited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Con	mpany were filed on $\frac{03/23/2017}{}$	and assigned
Florida document number L17000066683		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "	
Enter new principal offices address, if applicable:	<del></del>	2017 SECR
(Principal office address MUST BE A STREET ADDRE	SS)	APR -
		77
		الهام السل نيرتد
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or register	red office address on our rec	ords, enter the name o <u>f the ne</u>
registered agent and/or the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
	· · · · · · · · · · · · · · · · · · ·	, 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>	<u>Address</u>	<b>Type of Action</b>
MGR	HECTOR J SANCHEZ CARDENAS	8481 NARCOOSSEE RD APT 133 <b>04</b>	<b>₽</b> Add
		ORLANDO, FL 32827	□ Remove
			□ Change
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ective date, if other that effective date is listed, the da	te must be specific ar	nd cannot be pric		or more than 90 day			
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record specifies a del he 90th day after the	ayed effective record is filed	date, but n l.	ot an effecti	ve time, at 12	:01 a.m. or	the ear	lier (
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee