## 117000121214

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Endry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

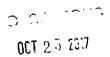




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## **COVER LETTER**

TO:	Registration Se Division of Cor		·	••			
SUBJ		Partners, LLC					
SUBJ		Name of Lim	ited Liability Company				
The en	nclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
Hernando Santacoloma							
			Name of Person				
			Firm/Company				
		151 SE 15th Road Suite 20	1				
			Address				
		Miami, FL 33129					
			City/State and Zip Code				
		hernandosantacoloma@hotr					
		E-mail address: (	to be used for future annual report notifi	cation)			
For fur	rther information co	oncerning this matter, please ca	all:				
Hemai	ndo Santacoloma		305 858-2802 at ( )				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclos	sed is a check for th	e following amount:					
\$2	5.00 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

Sabal Trace Partners, LLC		
( <u>Name of the Limited Lia)</u> (A Flor	oility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 6/2/2017	and assigned
Florida document number L17000121224		
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
Home Solution Gallery, LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	- 13 A
(Principal office address MUST BE A STREET AD	DRESS)	<del></del>
		23 F
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7 6
		•
B. If amending the registered agent and/or registered agent and/or the new registered office as		ter the name of the new
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		<del></del>
	Enter Florida street address	
	Florida	l
	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 Title **Type of Action** Name Address □ Add ☐ Remove \_\_\_\_ □ Change \_□ Add \_\_\_\_ Change Change PH 1:50 ☐ Remove \_\_\_\_\_ Change □ Add □ Remove \_\_\_\_\_ □ Change □ Add ☐ Remove

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ffect	ive date, if other than the date of filing:	
i`an cfì	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 605,020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	)7 (3
	thent's effective date on the Department of State's records.	s ui
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	of:
	12/12/12	
Dated	10 /17 /17	
	- July Tut	
	Signature of a member or authorized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00