L17000131532

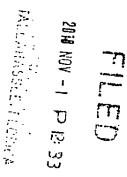
•		
(Red	questor's Name)	
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(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

	Registration Sect Division of Corp			
SUBJEC	Homeine LL	С		
20,130,000	''	Name of Limite	ed Liability Company	
The enclo	sed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please ret	urn all correspon	dence concerning this matter to	the following:	
		Andrew Letourneau		
			Name of Person	
		Homeine		
			Firm/Company	
		3601 NE 17th Ave		
			Address	
		Oakland Park, FL 33334		
		angela.letourneau@gmail.com	City/State and Zip Code n	
		E-mail address: (to	be used for future annual report notific	cation)
For furthe	er information co	ncerning this matter, please call	1:	
Angela L	ctourneau		612 3842644 at ()	
-	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	e following amount:		
■ \$3\$1	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

(Name of the Lim	ited I inhility Company as it now annea	rs on our records)
(Table of the Cim	ited Liability Company as it now appea (A Florida Limited Liability Company)	- 3 (11 192 1020193)
The Articles of Organization for this Limited I. Florida document number L17000131532	Liability Company were filed on 6/	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name o	of the limited liability company h	ere: E W
The new name must be distinguishable and contain the	words "Limited Liability Company," the c	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>EBOX)</i>	
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the n
Name of New Registered Agent:	Andrew Letourneau	
New Registered Office Address:	1830 W Broward Blvd	
	Enter Flo	rida street address
	Fort Lauderdale	, Florida 33312
	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>	Type of Action
MGR	ZSS Investments Inc	730 NE 7th Ave	
		Fort Lauderdale, FL 33304	Add
•		Total Lauderdate, TE 33304	■ Remove
			Change
			Remove
			Change
			Remove
			Change
			Add
		<u> </u>	Remove
			Change
			☐ Remove
			Change
			Add
			☐ Remove
			Change

If amending any other info	formation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		<u> </u>
		
		_ -
		
		_ -
		_
	10/29/2018	
Note: If the date inserted in t	an the date of filing:	605.0207 (3)(listed as the
he record specifies a de The 90th day after the	elayed effective date, but not an effective time, at 12:01 a.m. on the ea ne record is filed.	irlier of:
Dated October 29	2018	
	//4/tt-	
	Signature of a member of authorized representative of a member	-
	Andrew Latournoon	
	Typed or printed name of signee	-

Page 3 of 3

Filing Fee: \$25.00