

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6383

MIDWEST HOME SO

From: Account Name : VIDAL FINANCIAL, INC.  
Account Number : I20190000097  
Phone : (305)631-0331  
Fax Number : (305)854-3131

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: info@vidalfinancial.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MIDWEST HOME SOLUTIONS, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

H19000307

**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: MIDWEST HOME 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:

MARCO MORALES

Name of Person

Firm/Company

1333 BLUE ROAD

Address

CORAL GABLES, FL 33146

City/State and Zip Code

INFO@VIDALFINANCIAL.COM

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

For further information concerning this matter, please call:

Name of Person

at ( )  
Area Code

Daytime 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)*Paid by  
prepaid account***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**

H19000.  
**FILED**

2019 OCT 16 P 11:27

MIDWEST HOME SOLUTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/18/2017 and a Florida document number L17000215616.

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 "

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

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

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, 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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

H 9000 3070 373

| <u>Title</u> | <u>Name</u>    | <u>Address</u>            | <u>Type</u>                           |
|--------------|----------------|---------------------------|---------------------------------------|
| MGR          | ALEJANDRO PINO | 2000 S DIXIE HIGHWAY #205 | <input checked="" type="checkbox"/> A |
|              |                | MIAMI, FLORIDA 33133      | <input type="checkbox"/> R            |
|              |                |                           | <input type="checkbox"/> C            |
|              |                |                           | <input type="checkbox"/> A            |
|              |                |                           | <input type="checkbox"/> R            |
|              |                |                           | <input type="checkbox"/> C            |
|              |                |                           | <input type="checkbox"/> A            |
|              |                |                           | <input type="checkbox"/> Re           |
|              |                |                           | <input type="checkbox"/> Ch           |
|              |                |                           | <input type="checkbox"/> Ad           |
|              |                |                           | <input type="checkbox"/> Re           |
|              |                |                           | <input type="checkbox"/> Ch           |
|              |                |                           | <input type="checkbox"/> Ad           |
|              |                |                           | <input type="checkbox"/> Re           |
|              |                |                           | <input type="checkbox"/> Cbr          |
|              |                |                           | <input type="checkbox"/> Ad           |
|              |                |                           | <input type="checkbox"/> Ren          |
|              |                |                           | <input type="checkbox"/> Cha          |

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

NOTES TO AMENDMENT

H190003070:

ADDING MGR ALEJANDRO PINO

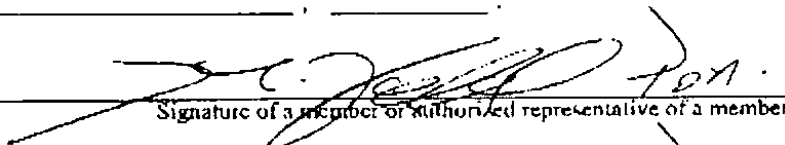
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective 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 6

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear  
(b) The 90th day after the record is filed.

Dated \_\_\_\_\_

  
Signature of a member or authorized representative of a member

NICOLAS VIDAR POA.  
Typed or printed name of signee