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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE DIVISION OF CORPURATIONS

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COVER LETTER

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			OM HOME NETWORK, LLC			
SUI	SUBJECT:Name of Limited Liability Company					
The	enclos	sed Articles of.	Amendment and fee(s) are sub-	mitted for filing.		
Ple	ase reti	ırn all correspo	ndence concerning this matter	to the following:		
			Hyrum R. Estrada			
			<u> </u>	Name of Person		
			WORK FROM HOME N	ETWORK, LLC		
				Firm/Company		
			2637 E ATLANTIC BOU	LEVARD (1055		
				Address		
			POMPANO BEACH, FL	33062		
				City/State and Zip Code		
			hestrada84@gmail.com			
			E-mail address: (to be used for future annual report notifi	cation)	
For	furthe	r information c	oncerning this matter, please co	all:		
Ну	rum R	. Estrada		954 478-0599 at ()		
		Name o	f Person	at () Area Code Daytime	Telephone Number	
Enc	closed i	is a check for th	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)	

MAILING ADDRESS:

1

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

WORK FROM HOME NETWORK, LLC		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on	and assigned
Torida document number L18000007144		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		SECRE
		25 SZ:
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		골 중위
		RAI RAI
	-	10H
 If amending the registered agent and/or registered egistered agent and/or the new registered office address h 		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florids	
	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> Name</u>		Address 2637 E. Atlantic Blvd. 12337	
MGR	Hyrum R. Estrada	POMPANU BOOK, FU 33062	Add
		# 1055	C Remove
			Change
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			Remove
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ive date, if other than the date of filing:ective date is listed, the date must be specific and cannot be p		g or more than 90 days	optional) s after filing.) Pursuant to 6	05.020
If the date inserted in this block does not meet the app	plicable statutory	filing requirements	s, this date will not be li	sted a
ent's effective date on the Department of State's reco	rds.			
ord specifies a delayed effective date, but 90th day after the record is filed.	not an effect	ive time, at 12:	01 a.m. on the ear	lier
sould day after the record is filed.				
5/13/2018 12:01 a	ım			
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Typed or printed name of signee

Filing Fee: \$25.00