# L18000028961

(Re	questor's Name)	
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## **COVER LETTER**

Division of Corporations	
SUBJECT: Home Prop Souries I LC 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:	
Home Prop Services LLC	
Home Prop Services LLC	
221 Sw Thorne Lanc	
City/State and Zip Code  City/State and Zip Code  Come prep Services 11c@gmail. (orm  E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for tuture annual report notification)	
For further information concerning this matter, please call:	
Randy Sommers at (352) 681-2345 Name of Person Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed)  S25.00 Filing Fee SCERTIFICATION CERTIFICATION CERT	itus &

#### 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

Home Prep	Services L	LC	
(Name of the Limited liabili	ity Company as it now appears on a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C Florida document number $28961$		<u>/-20/8</u> and	l assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	nation "LLC" or the abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	RESS)		· 
		- -	
			- ·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<del>-</del>	
<u> </u>		;	T. い
B. If amending the registered agent and/or registered agent and/or the new registered office add		r records, <u>enter the na</u>	me of the new
Name of New Registered Agent:		···	
New Registered Office Address:			
	Enter Florida s	treet address	
		, Florida	. ,
	City	Zip C	ode

### 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
<u>AMBR</u>	Peggy R Sommers	221 Sw Thorne Lone	Add
AMBR Peggy R Sommers	Fort White FL	B Remove	
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D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:
If the red (b) The	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.
Dated	4-30-2019
	Signature of a member or authorized representative of a member
	Randy Sonners  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00