

L18000128073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

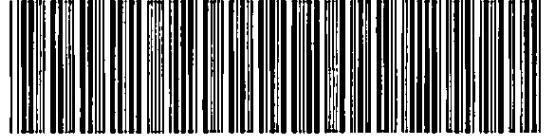
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Amendment

Office Use Only



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10/29/21--01019--002 \*\*25.00

11/9/21  
T.A.  
2021 OCT 29 AM 10:14  
RECEIVED  
TALLAHASSEE  
FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HOMEANGEL 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:

SHARON CHEN

Name of Person

DEMING & ASSOCIATES CPA

Firm/Company

15970 W SR 84 #339

Address

SUNRISE FL 33326

City/State and Zip Code

SHARON@FLDACPA.COM

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

For further information concerning this matter, please call:

SHARON CHEN

954

289-7922

at ( )

Name of Person

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)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

HOMEANGEL, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/10/2016 and assigned  
Florida document number L18000128073.

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 "L.L.C."

**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 of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: CHANGZHENG TAN

New Registered Office Address: 122 HAMILTON PARK DR UNIT 1H1, UNIT 1H1

*Enter Florida street address*

TALLAHASSEE, Florida 32304

*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>	<u>Type of Action</u>
MGR	JIHUA LUO	122 HAMILTON PARK DRIVE	<input type="checkbox"/> Add
		UNIT 1H1	<input checked="" type="checkbox"/> Remove
		TALLAHASSEE, FL 32304	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2021 OCT 2  
 SECRETARY  
 TALLAHASSEE - FLORIDA  
 AM 10:14

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

2024 OCT 12  
3600 EAST 12 AVENUE  
FALLA ASSOCIATES, FLORIDA

2020 OCT 29 AM 10:14  
SEATTLE  
FELT

**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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 earlier of: (b) The 90th day after the record is filed.

Dated 10/19/2021

Signature of a member or authorized representative of a member

CHANGZHENG TAN

Typed or printed name of signee

**Filing Fee: \$25.00**