L18000202712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

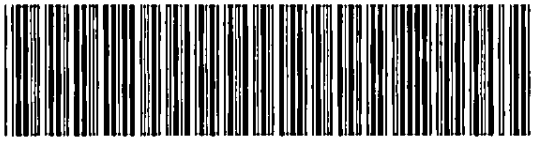
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
18 NOV 19 AM 11:39

SIMMONS
NOV 20 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2018 NOV 19 AM 10:19

November 1, 2018

RENE MARENCO
14002 WHITE PLAINS ST
SPRING HILL, FL 34609

SUBJECT: HOME & ENTERPRISE SERVICES LLC
Ref. Number: L18000202712

We have received your document for HOME & ENTERPRISE SERVICES LLC and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable : "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P14000088461.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 218A00022585

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Please find enclosed

Please return all correspondence concerning this matter to the following person:

For further information concerning this matter, please call

Enclosed is a check for the following amount:

☐ $35.00 Filing Fee ☐ $30.00 Filing Fee & Certificate of Status ☐ $55.00 Filing Fee & Certified Copy ☐ $60.00 Filing Fee, Certificate of Status & Certified Copy

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 & ENTERPRISE SERVICES, 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 09/25/2018 and assigned Florida document number L18000259771.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HOME & ENTERPRISE SERVICES, LLC

(If changing name, name must include, without abbreviation, one of the following words: "Limited Liability Company" or "Limited Company".)

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

New Registered Office Address

, Florida

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

Title	Name	Address	Type of Action
MGR	CHRISTOPHER JOHN LOZANO	12314 MORGAN RD HUDSON FL 34669	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter changes here: [illegible]

E. Effective date, if other than the date of filing: _____ (optional)

[illegible]

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: (1) The 90th day after the record is filed

Dated NOVEMBER 14 2018

[signature]

RENE MARENCO

[illegible]

Filing Fee: $25.00