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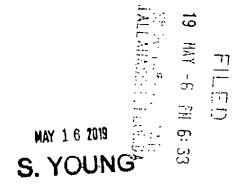
(Requestor's Name)
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(Document Number)
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# **COVER LETTER**

TO:	Registration Secti Division of Corpo			
SUBJE	Ст:	Homeland Name of Limit	captal Reath	<b>Y</b>
The enc	closed Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please r	return all correspond	lence concerning this matter t	o the following:	
		Yes	senia Garcia	
			and capital R	сану
		16605 sw	25 +er. Address	
		miami, f	City/State and Zip Code	
		E-mail address: (to	Only/State and Zip Code  9 9 0 001. com  o be used for future annual report notificat	ion)
For furt	ther information con	cerning this matter, please ca	II:	
Ya	Fenia Go Name of P	arciq erson	at (305) 300 - Area Code Daytime Te	9151_ lephone Number
Enclose	ed is a check for the	following amount:		
<b>≭</b> \$25	5.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOMEL COLL CAPITAL  (Name of the Limited Liability Company as if n  (A Florida Limited Liability C	Rtalty uc ow appears on out records.)
The Articles of Organization for this Limited Liability Company were file	
Florida document number <u>L 19 0000 274</u> 0 7	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	<u> </u>
B. If amending the registered agent and/or registered office ad- registered agent and/or the new registered office address here:	dress on our records, enter the name of the new
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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Luis A. Tirado or	15605 sw 25 ter. =	
			□ Remove
			Change
MGR	Yesenia Garcia	15605 SW 25 ter. miami, FL 33185	Add
			□ Remove
			Change
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	pecifies a de day after the			e, but not	an effec	tive time,	at 12:01 a	a.m. on the	e earlier
ed	5	1/=	201	9	<del>7</del> .				
•		Signatu	re of a mem	ibur or author	rized represo	mauve of a m	ember		

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Filing Fee: \$25.00