L19000043336

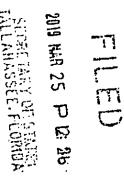
(Re	equestor's Name)	
(Ad	ldress)	
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(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	Hometon Exterior Cleaning LLC Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Daniel Wigant Name of Person
	Hometown Exterior Cleaning LLC Firm/Company
	8433 Southside Blud, Apt 2216 Jacksonville FL 3225
	City/State and Zip Code danielere Wigart (a) gmaile Com E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
1	Name of Person at (803) 530 8800 Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
¥, 52	5.00 Filing Fee Certificate of Status Certified Copy 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

Hometown Exterior (Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1900043336</u> .	y were filed on Feb 12 2019 and assigne	d
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Hometown Exterior Cleaning & The new name must be distinguishable and contain the words "Limited liabi 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)		<u> </u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		he new
new Registered Office Address:	Enter Florida street address	
	Florida 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, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			☐ Remove
			Change
			Remove
			□ Change
			□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			☐ Change

D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
Note: If	date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	March 20th . 2019 . Signature of a member of a member
	Daniel W. gard Typed or printed name of signee

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Filing Fee: \$25.00