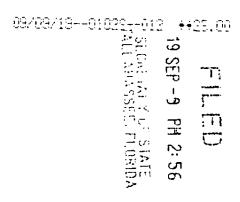
110000000 778

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Nar	me)
(Docur	ment Number)	1
Certified Copies	Certificates	s of Status
Special Instructions to Filin	ng Officer:	
		:

Office Use Only



700333518607



T SOMMOEDFR.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Home Innovation Services, UC 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:
Francisco Javier Rodeigulz - Arana
Home Innovation Services, U.C. Firm/Company
80 First 10000 OT APT 101 Address
TOMPO TU 33603 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
F. Javier Racignet - Arana at (813) 489-3595 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate of Status & Certificate 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

Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 19000 (4778.	were filed on 3/12/19 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
NIA	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	810 livebrook Ct, Apt 101
(Principal office address MUST BE A STREET ADDRESS)	Tampa, h 33603
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE, BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
	D. Laviek Rodriguez-Arana Verbrook Ct, Apt 101 Enter Florida street address
Tamp	PC1 , Florida 33403 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

Page 1 of 3

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 **Type of Action** Address Title Name Jessica Osocio 3409 Stanky ed 0 Add MAR Plant City, h 33565 Remove _____ Change 3409 Skintey Rd DAdd Officer Jessica Ospeio Plant City A 33565 __ Change \square Add Change □ Remove □ Change □ Add ☐ Remove _□ Change □ Add

_□ Remove

_□ Change

If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
 -		
-		
		<u></u>
		<u></u>
	52	
	1 (2) - (2	19 SE
		-9 -9
		里面
		ري م
		<u>5</u>
lf an effecti <u>Note:</u> If (date, if other than the date of filing:	nt to 605.0207 (3 t be listed as th
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the Oth day after the record_is_filed.	e earlier of:
Dated	8.39-19 Signature of a member or authorized representative of a member	
	Jessica Osocio — Francisco J Rodrigi 47 - Are Typed or printed name of signee	<u>cin</u> ci .

Page 3 of 3

Filing Fee: \$25.00