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# **COVER LETTER**

TO: Registration Section Division of Corpo			
SUBJECT: HDC	Home Services  Name of Limited Liabi	Iffy Company	
The enclosed Articles of An	nendment and fee(s) are submitted fo	or filing.	
Please return all correspond	ence concerning this matter to the fol	llowing:	
	JASON	LITWAK ame of Person	
	HDL Ho	IME SERVICES, LL	<u>C</u>
	12413 6	Pock RIDGE LN Address	
		FRS F/ 3391.	
	E-mail address: (to be used	Gmo. /. (oun	<del>)</del>
For further information cond	cerning this matter, please call:		
Name of Po	Lrvak a	Area Code Daytime Teleph	999 hone Number
Enclosed is a check for the t	ollowing amount:		
\$25.00 Filing Fee	Certificate of Status C	5.00 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

( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our re ited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comp	nany were filed on	19 and assigned
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 I.	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRESS</u>	5)	
Enter new mailing address, if applicable:		19
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	1.00	
egistered agent and/or the new registered office address	here:	cords, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		, 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, 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>	Address	Type of Action
AMBR	JASON LITWOR	12413 ROCK RINGE IN FORT MYERS F1, 33913	Add
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			Change
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reffective da <u>te:</u> If the da	e, if other than the te is listed, the date mu- ate inserted in this bl fective date on the D	st be specific and ca lock does not med	annot be prior to et the applicab	date of filing or n	ore than 90 days	after filing.) Pursua	
	pecifies a delayed day after the rec		te, but not	an effective (	ime, at 12:0	)1 a.m. on the	e earlier o
ted <u>5</u>	-1-19		<i>y</i>	-· <i>[]</i>			
			_	//_			
		1.					
		Signature of a me	mber or authori	zed representative	of a member		

Page 3 of 3

Filing Fee: \$25.00