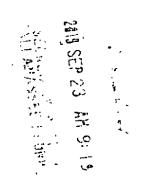
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Home Pros International LLC 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:	
David Einy Name of Person	
Home Pros International CLC.	-
4545 NW 103 rd Ave Stc 203	
Sunrisc, FL 33351 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
David Eing at (305) 915-1525 Area Code Daytime Telephone Number	.
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te of Status &

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 Pros Internation (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>L1900154079</u> This amendment is submitted to amend the following:	were filed on 6/11/3019 and assigned
A. If amending name, enter the new name of the limited liab	vility company here:
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)	lity Company," the designation "L.L.C." or the abbreviation "L.L.C." 4545 NN 10371 Avc Stc 303 Sunvisco, FC 31351
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4545 NW 10311 Ave Ste 203 Sunvise, FC 33351
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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 Type of Action **Title** Name 1 **Address** Adi Yakobovich 1856 N Nob Hill Ruzl Stc 426 11 Add MGR Plantation, FL 33322 Remove ☐ Change MGR Shay Edery 4545 NW 103 vd Ave Sk 203 WAdd Survive FC 33351 ☐ Change 4545 NW 103/2 Ave Sk 203 - Add MGR David Einy Survise, Fl 33351 Change □ Add ☐ Remove _□ Change □ Add ☐ Remove Change □ Add □ Remove

□ Change

		
		
···-		
<u>ote:</u> ∃f i	e date, if other than the date of filing:	to 605.0207 oc listed as
	rd specifies a delayed effective date, but not an effective time, at $12{:}01$ a.m. on the 0 0th day after the record is filed.	earlier of
ated	September 18 2019. Signaple of a member or authorized representative of a member	
	LARY	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00