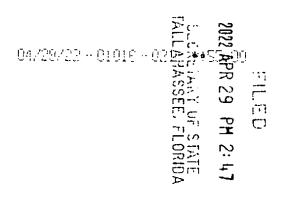
L19000217935

Office Use Only



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JUN 2 1 2022 S. PRATHEF

COVER LETTER

TO: Registration Section

Division of Corporations,			# · · · · · · · · · · · · · · · · · · ·	
SUBJECT: HO	ME PLUS CONSTRUCT	IONS LLC		
30bsEC1.		ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspo	ondence concerning this matter to	o the following:		
	SILMARA TOLEDO DE PAULA			
		Name of Person		
	Home Pli	S Construction Firm/Company	ns UC	
	33	766 Metro Pkwy #534		
		Address		
	F	ort Myers, FL 33916		
		City/State and Zip Code		
	Hom	eplusgsuit@gmail.com be used for future annual report no	are and a V	
For further information c	oncerning this matter, please cal		onneadon)	
	g	•		
SILMARA TOLEDO DE PAULA			1-6618	
Name o	f Person	Area Code Dayti	ime Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S	Section	Street Address: Registration S	ection	
Division of Corporations		Division of Corporations		
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Mont	Tallahassee oe Street, Suite 810	
· contained of the	-5 5 45 1 1	## 12 14. 1910III	or offect, butte 610	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOME PLUS CONSTRUCTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited I	hability Company)		2:
The Articles of Organization for this Limited Liability Company	were filed on	08/26/2019	and assigned
Florida document number L19000217935			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company h	ere:	
HOME PLUS GOODS LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the c	lesignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	3766 Metro Pkwy #534 Fort Myers, FL 33916		
(Principal office address MUST BE A STREET ADDRESS)		_	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3766 Metro	Pkwy #534 Fort Mye	ers, FL 33916
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	oddress on our r	ecords, <u>enter the nam</u>	e of the new registe
New Registered Office Address.	Enter Flo	rida 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 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
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Filing Fee: \$25.00