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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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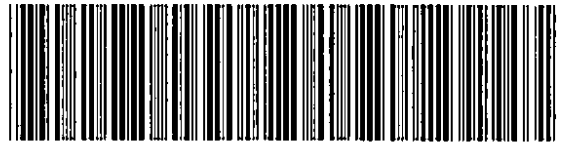
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JUL -8 AM 7:10
SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
AUG 20 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOMEPLACE GROUP SERVICES 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:

HEINRRICH O KRISPIN RIERA

Name of Person

Firm/Company

3040 WEBBER ST

Address

SARASOTA, FL 34239

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HEINRRICH O KRISPIN RIERA

941
at ()

822-5692

Name of Person

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL

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Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 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**

HOMEPLACE GROUP SERVICES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/04/2019 and assigned
Florida document number L19000250044.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

HEINRRICH O KRISPIN RIERA

New Registered Office Address:

3040 WEBBER ST

Enter Florida street address

SARASOTA

Florida

City

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>	<u>Address</u>	<u>Type of Action</u>
MGR	HEINRRICH O KRISPIN RIERA	3040 WEBBER ST	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34239	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TRINA KRISPIN	600 NE 98TH STREET	<input type="checkbox"/> Add
		MIAMI SHORES, FL 33138	<input checked="" type="checkbox"/> Remove
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 TALLAHASSEE, FL
FILED

SECRETAR
TALLAH
2020 JUL -8

FILED
2020 JUL -8 AM 7:10
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLA.
In accordance with Florida Statute 605.0207,
this document shall not be listed as

Dated JULY 1 2020

Signature _____