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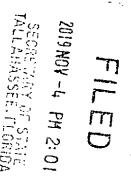
(Requestor's Name)
(Address)
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(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: HOME	CREATOR SOLO	TIONS LLC	
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Juan Sebas	From Lopez Redrice	Joe 5
		S. Local Firm/Company	
	11820 SW	125 PL. Address	
	_Miami Fl	_ 33/186 City/State and Zin Code	
	homecreator E-mail address:	Solutions Qumcit	COM .
For further information co	oncerning this matter, please ca	all:	
Juan Lope	7-Person	at (<u>786</u>) <u>403</u> ·	- 80 74
		•	•
Enclosed is a check for th	e following amount:		
風 \$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

HOME CREATOR SOLUTIONS (Name of the Limited Liability Company (A Florida Limited Liability Company)	g as it now appears on our recibility Company)	ords.)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L19000251428</u> .	vere filed on <u>10/07</u> /	2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability		
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	2019 NOV -4 PH SECRETAL AF
B. If amending the registered agent and/or registered office address here:		— , s
Name of New Registered Agent:	V/A	<u> </u>
New Registered Office Address:	Francis Florida and a series of	J
New Registered Agent's Signature, if changing Registered Agent:	City.	Florida N/A Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pa accept the obligations of my position as registered agent as pr	erformance of my duties.	and I am familiar with and

Page 1 of 3

If Changing Registered Agent. Signature of New Registered Agent

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>	Address	Type of Action
MGR	Juan S. Lopez	11820 SW 125 PL	_ Æ Add
		miami Florida 33186	□ Remove
			Change
			☐ Remove
			Change
			□ Remove
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	<u> </u>		
			□ Remove
			Change

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an effec lo te: - If	e date, if other than the tive date is listed, the date in fine date in this it's effective date on the	iust be specific and block does not r	I cannot be prior to a neet the applicabl	date of filing or more t		g.) Pursuant to 605,0207
	rd specifies a delay Oth day after the re			in effective time	e, at 12:01 a .m	. on the earlier of
ated _	11/01			•		
		Signature of a	member or authoriz	ed representative of a	member	

Page 3 of 3

Filing Fee: \$25.00