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2020 JUN 15 AM II: 23

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COVER LETTER

Division of Corporations
SUBJECT: Btf Hanc Solutions of Tompa- 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:
Brian I Stael Name of Person
B+F Home Solvins of TAMPA Firm/Company
1190 € Washington St PH819
TAMPA FL 3360 2 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brian ISCael at (631) 745-1674 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: - CKH 0992 61-258 Sent 4/30/2
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B+F Humuso	Hiability Company as it now appears on our records.) Florida Limited Liability Company)	
(A	V Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	bility Company were filed on 1-17-2020	and assigned
Florida document number 84-4409	<u>us</u> .	222 60 78 CO
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	15.1
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the	abbreviation "InInC."
Enter new principal offices address, if applical	ble:	23 <u>23 </u>
(Principal office address MUST BE A STREET	ADDRESS)	
*;		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, <u>enter the name</u> :	ame of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	***************************************
·	LINET FIDIUM SPECT (IIII 1933	
	, Florida	Zip Code
	C	/

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 <u>Address</u> <u>Title</u> Name 1 1190 € mashyth St pH819 □Add
TAMPA, FL. 33602 MGR Frank Bainera _**(****X**Kemove ____ Change 190 E WASHy ton ST Photo Boxdd

TAMPA, FL 33602

DRemove Brian Israel □Remove _ □Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if neces	<u> </u>	-
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	<u>, 11</u>	
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		-
E. Effective date, if other than the date of filing:	iling.) Pursuant to 60	95.0207 (3)0 sted as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) ecord is filed.	The 90th day aft	er the
Dated 6/6/2020 Brown Span		
Signature of a member or authorized representative of a member Brand ISrael Typed or printed name of signee		

Filing Fee: \$25.00