

L200000 35275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

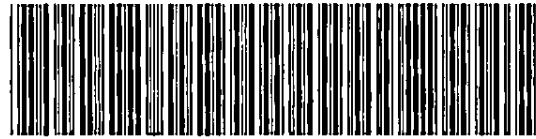
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

2020 FEB 27 AM 7:09

FILED

MAR 20 2020

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOMETRENDS PRO 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:

LUIS E RUEDA VARGAS

Name of Person

HOMETRENDS PRO SERVICES LLC

Firm/Company

12663 EAGLESHAM DRIVE

Address

JACKSONVILLE, FL 32225

City/State and Zip Code

LUS@HOMETRENDS PRO.COM

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

For further information concerning this matter, please call:

LUIS E RUEDA VARGAS

904 2525095
at ()

Name of Person

Area Code

Daytime Telephone Number

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 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**

HOMETRENDS PRO 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 01/29/2020

Florida document number L200000035275

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:

New Registered Office Address:

Enter Florida 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 Changing Registered Agent, Signature of New Registered Agent

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2020 FEB 27 AM 7:09
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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	LUIS E RUEDA VARGAS	12663 EAGLESHAM DRIVE	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32225	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUIS E RUEDA VARGAS	12663 EAGLESHAM DRIVE	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32225	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

BEFORE I FILED HOMETRENDS PRO SERVICES LLC, I DID BUSINESS AS L.E.V REHAB AND REAL
ESTATE SERVICES LLC WITH DOCUMENT NUMBER L11000104222.

FOR BANKING AND OPERATING HYSTORY I WILL LIKE TO PASS THE FILED DATE OF L.E.V TO
HOMETRENDS PRO IF POSSIBLE, OR AMEND L.E.V REHAB AND REAL ESTATE SERVICES LLC
TO NEW NAME AS HOMETRENDS PRO SERVICES LLC.

E. Effective date, if other than the date of filing: _____ **(optional)**

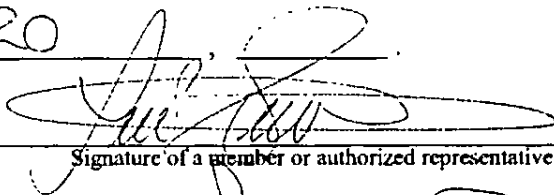
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

2/21/20



Signature of a member or authorized representative of a member

Luis E. Rueda Vargas

Typed or printed name of signee

State of Florida

Department of State

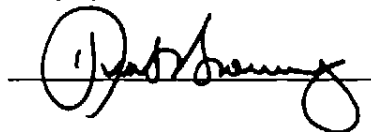
I certify from the records of this office that L.E.V REHAB AND REAL ESTATE SERVICES LLC is a limited liability company organized under the laws of the State of Florida, filed on September 12, 2011, effective September 12, 2011.

The document number of this limited liability company is L11000104222.

I further certify that said limited liability company has paid all fees due this office through December 31, 2011, and its status is active.

I further certify that said limited liability company has not filed Articles of Dissolution.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the
Twelfth day of October, 2011*



Secretary of State



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<https://efile.sunbiz.org/certauthver.html>