## L200000 42902

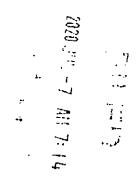
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AUG 1 9 2020 S. YOUNG

## **COVER LETTER**

TO:

	gistration Se ision of Cor			
CHRICCT.	HOMES SO	DLUTIONS USA, LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspo	ondence concerning this matter	to the following:	
		KFIR GARRAM		
			Name of Person	
			Firm/Company	<del></del>
		2590 NE 206 TERRACE		
			Address	
		AVENTURA, FL 33180		
		kfir 777@hotmail.com	City/State and Zip Code	
			to be used for future annual report no	tification)
For further in	nformation c	oncerning this matter, please ca	all:	
KFIR GARE	RAM		917 682-4940 at ()	
	Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>≡</b> \$25.00 F	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)
	iling Addres gistration S		Street Address: Registration Se	ection
	-	orporations	Division of Co	orporations
	D. Box 632		The Centre of	
i al	llahassee, I	コレン2514	2415 N. Monre	oc Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOMES SOLUTIONS USA, LLC			=		
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	_1		
The Articles of Organization for this Limited L. Clorida document number 1.20000042902	iability Company	were filed on FEBRUARY 5, 2020	and assigned		
his amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
	<del></del> ,				
he new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" or t	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		2144 JOHNSON STREET			
Principal office address MUST BE A STREE	ET ADDRESS)	HOLLYWOOD, FLORIDA 33020			
Inter new mailing address, if applicable:		2590 NE 206 TERRACE			
Mailing address MAY BE A POST OFFICE	BOX)	AVENTURA, FL 33180			
3. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, enter the	name of the new registe		
Name of New Registered Agent:	KFIR GARRA	М			
New Registered Office Address:	2590 NE 206 TERRACE				
registered office radioss.		Enter Florida street address	· · · · · · · · · · · · · · · · · · ·		
	AVENTURA	, Florid.	a 33180		
	**	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

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
MBR	ILAN ASSULIN	21120 ЛВ COURT, K14	□Add
		AVENTURA, FL 33180	■Remove
			☐ Change
	<del></del>		
			□Remove
			□Change
			□Remove
			Change
			, □Add
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			Remove
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		<del></del>	
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			<del></del>
	st be specific and cannot be prior to ock does not meet the applica	o date of filing or more than 90	(optional) days after filing.) Pursuant to 605.0207 nents, this date will not be listed as
record specifies a delayed effective d is filed.	e date, but not an effective tin	ne, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
JUNE 29 Dated	2020		
lated		<b>-</b> •	
Dated	<b>→</b>	<del></del>	
Dated	Signature of a member or author		

Filing Fee: \$25.00