Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.

Account Number : 120120000051

Phone Fax Number : (305)937-7773 : (815)301-2897

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address = 1

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOME VALUE OF FL LLC

Certificate of Status	0
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OCT 1 9 2021

S. PRATHER

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOME VALUE OF FL LLC		F 1021 OC1 SECRED
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	- <del> </del>
The Articles of Organization for this Limited Liability Company Florida document number L20000044030  This amendment is submitted to amend the following:		18 3 2:01
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20801 BISCAYNE BLVD STE 403	
(Principal office address MUST BE A STREET ADDRESS)	AVENTURA, FL 33180	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2080) BISCAYNE BLVD STE 403 AVENTURA, FL 33180	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records. <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		<del>.</del>
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

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□Add
			🗆 Remove
		□Change	
			□Add
		□ Петюче	
		□ Change	
		□Add	
		□Remove	
		-	□Change
		□Rcmove	
			□Change

Signature of a member or authorized representative of a member	T 18 PM 2: 01 TARY OF STATE ASSEE, FLORID,
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (ecord is filed.  Dated	2021 OC SEURE TALLAH
E. Effective date, if other than the date of filing:  (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 Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	ional) er filing.) Pursuant to 605.0207 is date will not be listed as
	<del></del>
·	
<del></del>	<u>.</u>