LZ0000135830

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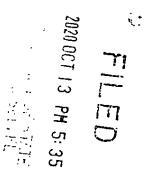
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COVER LETTER

Division of Corporation	,
subjéct:	E Management & Consulting LLC Name of Limited Liability Company
The enclosed Articles of Amend	ment and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to the following:
	Yani Jusa Kos
. ~	HME Management & Consulting LLC
	2800 S orange Blosson Trail,
	Orlando, FL 32805 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information concerni	
Amber Stewer	at (443) 623 · 0505 Area Code Daytime Telephone Number
Enclosed is a check for the follo	wing amount:
	30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate Of Status (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & 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

HME Manag	Jement 1		LC our records.)		
The Articles of Organization for this Limited Liabi Florida document number L 20000135930				and assign	ed
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liabili	ty company here:			
The new name must be distinguishable and contain the words	s "Limited Liability	Company," the designa	ation "LLC" or the a	bbreviation "L.L.C	."
Enter new principal offices address, if applicable:		761 NO	range Av	R	
(Principal office address MUST BE A STREET A	(IDDRESS)	Winter Pa	UK, FL 3	2789. S	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2800 S O oriando,	range B109 FL 32809	SSOM Froil	FILED
B. If amending the registered agent and/or regisagent and/or the new registered office address h		dress on our record	is, <u>enter the nan</u>	ne of the new ro	gistered
Name of New Registered Agent:		ni Jusak	705		
New Registered Office Address:	2800 S	Nange Blos Enter Florida st	Som Trail		
_	orlar	100	, Florida	3283 S Zip Code	
		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>	Name	Address	Type of Action
MGR	Fred Machado	20423 Walnut Grove Ln	XAdd
		Tampa, FL 33647	Remove
			□Change
AMBR	Yani Jusakos	3400 S Crystal Lake Dr	XAdd
		Orlando, FL 32806	□Remove
			🗆 Change
MGR	James Marin	731 Shore Dr	□Add
		Kissimmee, FL 34744	XRemove
			Change
			🗆 Add
			Remove Change
		To the second se	W L
		P. C.	Si □Remove
			□Change
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ffective date, if other an effective date is listed lote: If the date insert ocument's effective date.	l, the date must be spec ted in this block doe	rific and cames not meet	not be prior to the applica	2020 date of filing ble statutory	or more than 9 filing require	(option 0 days after f ments, this	iling.) Pur	suant to 6 not be li	05.020 isted as
record specifies a dela	iyed effective date, t	out not an c	effective tin	ne, at 12:01 a	i.m. on the ea	rlier of: (b)	The 90	th day af	fter the
l is filed. ated <u>OCTODer</u>		1	4	_ ·	lative of a mem				

Filing Fee: \$25.00