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SUBJECT: Home Refreshal Brevare, 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:    Firm/Company	Division of Cor	porations		
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    LNHER	SHRIPCT.	tome Refres	Shot BREVARO.	LLC.
Please return all correspondence concerning this matter to the following:    Property   Property	30bJEC1	Name of Lim	ited Liability Company	
Please return all correspondence concerning this matter to the following:    Property   Property				
Firm/Company  935 PROSPERITY PL Address  ROLLUGE, R. 32955  City/State and Zip Code  Lome refresh of bereard @ q.ma.l.com.  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    Consider   Dark   at (371   431 - 1907   Daytime Telephone Number      Section Filling Fee   Sa0.00 Filling Fee & Certificate of Status & Certified Copy (additional copy is enclosed)    Mailing Address:   Registration Section   Registration Section   Division of Corporations   P.O. Box 6327   Division of Corporations   The Centre of Tallahassee	The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Firm/Company  935 PROSPER 174 PL  Address  ROCKUESE & 32955  City/State and Zip Code  homerefresh of brevard @ qmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  200 Filing Fee   S30.00 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  Free Address   Street Address   Registration Section   Division of Corporations   Division of Corporations   The Centre of Tallahassee	Please return all correspo	ndence concerning this matter	to the following:	
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PROSPERITY PL Address  ROLLEGE, L. 32955  City/State and Zip Code  Nome refresh of brevard Q qmil.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    Price   Direc   at (321)   431-1902     Name of Person   Area Code   Daytime Telephone Number    Enclosed is a check for the following amount:    S25.00 Filing Fee   \$30.00 Filing Fee & Certificate of Status   Certified Copy (additional copy is enclosed)    Mailing Address: Registration Section   Registration Section     Division of Corporations   Division of Corporations     P.O. Box 6327   The Centre of Tallahassee		J. (1) P P	Name of Person	
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S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  S55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations The Centre of Tallahassee				
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Registration Section  Division of Corporations  P.O. Box 6327  Registration Section  Division of Corporations  The Centre of Tallahassee			(additional copy is enclosed)	• •
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Tallahassee, FL 32303

Registration Section

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## ARTICLES OF ORGANIZATION OF

Homa Rah	resh of Brevard.	2873 T
	Liability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab Florida document number $22000187$		y 2 2020 and assumed 7: 2
This amendment is submitted to amend the follow	ing:	# 20 C
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	is "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	<del></del>
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
<del></del>	Enter Florida stree	rt address
	City	, Florida
New Registered Agent's Signature, if changing Re	·	Zιρ Code
I hereby accept the appointment as registered		ty I further garee to comply with the
provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the rescompany has been notified in writing of this ch	and complete performance of my duered agent as provided for in Chapte gistered office address, I hereby conj	ties, and I am familiar with and r 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>Amb</u> r	Jennifer Darr	935 Prosperity PI	
		Rockledge, Fr 3295	□Remove
			□Change
<u>AMB</u> R	Ruben Darr	935 Prosperity P	
		Rockledge R 3295	∑ □Remove
			□Change
	<u>-</u>		🗀 Add
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ocumo	ent's effective date on the Department of State's records.
	and appoining a delayed offective date, but not an offective time, at 12:01 a.m. on the earlier.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
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	Signature of a member of authorized representative of a member