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11/12/20

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HOME SERVICES OF BOCA GRANDE "UC" Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Yvonne Fiorini Name of Person
2150 S. McCall Road Firm/Company
Englewood, FL. 34224
City/State and Zip Code \[\left\{\vannesofwhagmail.com(OR) \ \text{HomesorVicesof bg1agmail, Co} \\ \text{E-mail address: (to be used for luture annual report notification)}\]
For further information concerning this matter, please call:
Vonne Florini at (401) 527-1919 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. 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

HOME SERVICES OF BOCA GRANDE "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 Liab	offity Company were filed on July 9	,aoao	and assigned	
Florida document number L200019 666	<u>'</u> .	•		
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability company here:		2020 OC	
The new name must be distinguishable and contain the work	ls "Limited Liability Company," the disignation	"LLC" or the abb		
Enter new principal offices address, if applicab	le:		<u> </u>	
(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	e of the new registered	
Name of New Registered Agent:	HOME SERVICES OF	F BOCA	GRANDE" LLC	ا <i>ا</i>
New Registered Office Address:	2150 S. MCCAL R	oad		
	Englewood	Florida	34224 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 adder removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of
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	Richard		

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Type of Action

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