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COVER LETTER

TO:

TO: Registration 8 Division of Co							
HOMOSA	APIENS, LLC						
Name of Limited Liability Company							
The enclosed Articles o	f Amendment and fee(s) are sui	bmitted for filing.					
Please return all corresp	ondence concerning this matter	r to the following:					
		Name of Person					
	INTEGRAL CONSULTI	NG SERVICES LLC					
		Firm/Company	1				
	159 SW 185TH WAY	_					
		Address					
	PEMBROKE PINES, FL	33029					
		City/State and Zip Code					
	jrodriguez@integralservice						
For further information c	F-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification)				
JOSE A RODRIGUEZ		754 301-1370					
Name o	d Person	at () Area Code Daytin	ne Telephone Number				
inclosed is a check for the	he following amount:						
■ \$25.00 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)				
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	evion				
Division of C		Division of Cor					
P.O. Box 632		The Centre of T	allahassee				
Tallahassee, I	1, 32314	2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOMOSAPIENS, 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 Liability Company were filed on 07/23/2020 and assigned Florida document number $\underline{1.20000216971}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of this new fogister agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street oddress _. Florida _

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			
MRG	ROJAS MARTELLO, KAREN B	10401 NW 82ND STREET, UNIT 3				
		DORAL, FL 33178	□Remove			
			■ Change			
MRG	PEREZ. ANA L	17517 SW 28TH CT	🗆 Add			
		MIRAMAR, FL 33029 FL	□Remove			
			Change			
MGR	SIEBER, NATALY V	10401 NW 82ND STREET, UNIT 3				
		DORAL, FL 33178	□Remove			
			■Change			
MGR	CASANOVA, LUCY	17517 SW 28TH CT	□Add			
		MIRAMAR, FL 33029				
			≡ Change			
			2020 SEP 30 PM 3: 49 SCHOOL AND SEE FL			
			□ Add □ Remove			
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. Effective date, if other than the (fran effective date is listed, the date mus Note: If the date inserted in this bl	SUDE SPECIFIC and c	annot be brior i	to date of hime c	or more than 90 d	(optional) ys after (ding.) Pu	rsuant to 605	.0207 (3	Жþ)
document's effective date on the D	epartment of Sta	ate's records.	iole statitory i	ning requireme	ns, ms date wi	i noi be nsie	a as m	
the record specifies a delayed effective cord is filed.	e date, but not a	m effective tir	ne, at 12:01 a.	m. on the earlie	r of: (b) The 90	th day after	the	
Dated September 17		2020						
	Luca A		 ·					
	vay Car	surrer		tive of a member				

Filing Fee: \$25.00

Typed or printed name of signee