LZO 000 332522

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COVER LETTER

TO:

Registration Section

Div	ision of Corpo	rations ,			
		OME PROFESSION "LLC"			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of Ar	mendment and fee(s) are sub-	mitted for filing.		
Please returr	all correspond	lence concerning this matter	to the following:		
		ALEXANDER D FERNAL	NDEZ		
			Name of Person		
			Firm/Company		
		1582 N GOLDENEYE LA	NE		
Address					
HOMESTEAD, FL 33035					
		10040466	City/State and Zip Code		
		maguyver1984816@gmail.c	to be used for future annual report notification)		
For further i	nformation con	cerning this matter, please ca	all:		
ALEXAND	er d fernai	NDEZ	305 992-4195 at ()		
	Name of P	erson	Area Code Daytime Telephone Number		
Enclosed is	a check for the	following amount:			
□ \$25.00 I	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)		
Re	iling Address: gistration Se vision of Cor		Street Address: Registration Section Division of Corporations		
P.0	D. Box 6327		The Centre of Tallahassee		
ı a.	llahassee, FL	, 34314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FLORIDA HOME PROFESSION "LLC"	021 FEB - 3 AH 6: 11
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.)' Company)
The Articles of Organization for this Limited Liability Company were fil Florida document number <u>L20000332522</u> .	ed on 10/20/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
FLORIDA HOME PROFESSIONALS LLC	
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office address ent and/or the new registered office address here:	on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

v Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ig filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

it 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

MGR = M AMBR = A	lanager uthorized Member		e de la companya de l	
<u>Title</u>	<u>Name</u>	Address	2021 FEB - 3 AH 6: 11	Type of Action
				□Add
				□Remove
				□Change
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ective date, if other than the date of filing:	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
te: If the date inserted in this block does not meet	the applicable statutory filing requirements, this date will not be listed
ument's effective date on the Department of State	's records.
cord specifies a delayed effective date, but not an e s filed.	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s med.	
NOVEMBER 11 20	020
ed	··
alex For	
Signature of a memi	ber or authorized representative of a member