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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: SANDRA CASTILLO TAX SERVICE LLC Account Name

Account Number: I20190000047

Phone

: (321)946-6560

Fax Number

: (866)704-9120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOME ENHANCING COMPANY LLC

Certificate of Status	0
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	istration Sec ision of Corp	#	COVER LETTER :	∓	. ·	í			
·&	HOME ENF	HANCING COMPANY LLC							
SUBJECT:		Name of Lim	ited Liability Company		-				
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.						
Please return	all correspor	ndence concerning this matter	to the following:						
		MARCOS F CALVERT B	ARBA						
			Name of Person		- ž				
		HOME ENHANCING CO	MPANY LLC		2021 FEB 15 PM 4: 48				
			Firm/Company			 E			
		4713 ATWOOD DR			υ υ	į			
			Address		一份第二				
		ORLANDO, FL 32828			177.T. 1881.				
			City/State and Zip Code						
		MARCOS@THEGLASSG			_				
		E-mail address: (to be used for future annual report	notification)					
For further in	iformation co	oncerning this matter, please c	all:						
SANDRA D	ANIS RAMO	os	321 946-6560 at ()_)					
	Name of	Person		ytime Telephone Numb	ber				
Enclosed is a	check for th	e following amount:							
□ \$25.00 F	filing Fec	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifi	Filing Fee, icate of Status & ed Copy nul copy is enclosed)				
	iling Address		Street Address						
Registration Section Division of Corporations			—	Registration Section Division of Corporations					
	ision of Co Box 632	-		of Tallahassee					
	lahassee F		•	nroe Street, Suite	810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOME ENHANCING COMPANY LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L21000018764		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	nility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	liry Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6663 NARCOOSSEE RD S	TE 130
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32822	CO correct
		<u> </u>
Enter new mailing address, if applicable:		PA PO
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ent	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	tress
	1	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	

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 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
AMBR	MARCOS F CALVERT BARBA	4713 ATWOOD DR	
		ORLANDO, FL 32828	□Remove
			≣ Change
AMBR	JUAN M CALVERT BARBA	4713 ATWOOD DR	= Add
		ORLANDO, FL 32828	□Remove
			Change
			- ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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Filing Fee: \$25.00