

L210000379 76

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

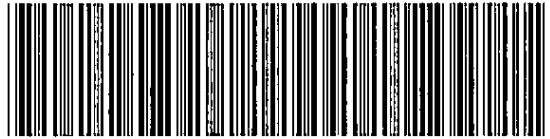
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600433429266

2024/08/13 13:20:00

2024 AUG 13 PM 1:20  
SECRET  
FBI

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Home Services Systems  
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:

Gabriela Valentina Bonilla  
Name of Person

Gabriela Bonilla  
Firm/Company

301 Bonaventure Blvd #6  
Address

Weston FL 33326  
City/State and Zip Code

noisala@hotmail.com  
E-mail address: (to be used for future annual report notification)

2004 AUG 13 PM 1:20  
RECEIVED  
TALLAHASSEE

For further information concerning this matter, please call:

Anthony I. Koenig at (786) 306 9436  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

**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

REC-11  
AUG 13 2024



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 29, 2024

Gabriella Bonilla  
301 BONAVENTURE  
BLVD APT 6  
WESTON, FL 33326

REC-11  
AUG 13 2024

REC-11  
AUG 13 2024

SUBJECT: HOME SERVICES SYSTEMS LLC.  
Ref. Number: L21000037976

We have received your document for HOME SERVICES SYSTEMS LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN  
Regulatory Specialist II

Letter Number: 724A00016718

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Home Services Systems

(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 02/04/2021 and assigned Florida document number L21000037976.

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 "L.L.C."

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 the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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

MGR = Manager  
AMBR = Authorized Member

AMBR = Authorized Member

Type of Action

301 Boulevard Blvd #16  
Wichita KS 67204

☐ Add☒ Remove☐ Change☐ Add☐ Remove☐ Change

 Add

☐ Remove☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

2024.11.13 PM 1:20  
SECOND  
YAHU

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statute, the filer must check the box below.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 07/20/2024, \_\_\_\_\_.

Gabriel Bonillo

Signature of a member or authorized representative of a member

Gabriel Benillo

Typed or printed name of signee

**Filing Fee: \$25.00**