## L21000113319

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2022 JAN 18 PHI2: 10

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: 10	mHome Surta	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Isa	abel Surtani Name of Person	<del></del>
	IamH	ome Surtari, UC Firm/Company	·
	1006 luniya	OVSIND Drive W.	Clearwater, Fl. 33764
	I am home Sur E-mail address: (	City/State and Zip Code  Tank of Communication Code  to be used for future annual report noting	fication)
For further information c	oncerning this matter, please ca	all:	
Unitel A	Sentani	at ( <u>8)3</u> ) <u>382 3</u> Area Code Daytim	345) e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 JAH 18 PH 12: 10

	secretary of state the secretary of state
(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Completion of Complete Line 1997 (1997).	pany were filed on 3-15-2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited  I sabel Surtan L	Liability company here:  Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words. Entitled	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRES)	- Same - 1006 University Drive. in Clearwater FT. 3376A
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N/A.
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the name of the new registered
Name of New Registered Agent:	A
New Registered Office Address:	Enter Florida street address
	. Florida
	City 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.

1 xilk

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	Manager Authorized Member	NOT	Amending
7 81.4 8 65 8 6	reation inco (vicinibe)		

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			Remove
			□Change
			□Add
		<del></del>	□Remove
			☐ Change
		<del></del>	□Add
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			☐ Change
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Signature of a member or authorized representative of a member	1.1	<u> </u>	
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Isabel Surtani		Isabel Surtani	