L21000116652

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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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2021 APR -5 AT 8: 45

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 04/05/2021			₩WALK IN**
ENTITY NAME HOMEM	AYD SERVICES LLC	<u>C</u>	
DOCUMENT NUMBER_			
	PLEASE FILE THE	E ATTACHED AND RETURN	
xxxx	Plain Copy Certified Copy Certificate of Status		*
**P	Certified Copy of Arts		
	Certificate of Good Stan	OTARIAL CERTIFICATION**	
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT			-
TOTAL OWED \$25.00		ACCOUNT #: I20160000072	
Please call Tina at the	e above number for a	any issues or concerns. Thank you so m	ruch!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 APR -5 AM 8: 45

HOMEMAYD SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Flor	ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 03-11-2021 and assigned
Florida document number L21000116652	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
HOMEMADE INVESTMENTS LLC	
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	gistered office address on our records, enter the name of the new
registered agent and/or the new registered office ac	idiess nere.
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	enter e toriaa street aaaress
	, 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.

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		Address 2021 APR -5 AN 8: 1,5 Type of Action		
<u>Title</u>	<u>Name</u>	Address	. 471 B:	1,5 Type of Action
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Is/Evgueni Borisenko	ed	2021
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Signature of a member or authorized representative of a member	-	Signature of a member or authorized representative of a member
	Evgueni Borisenko	Typed or printed name of signee

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Filing Fee: \$25.00