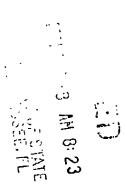
## 121000116652

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
P(Ck-i)	, MAIL MAIL
<del> </del>	(Business Entity Name)
	(Dacument Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer

Office Use Only



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## Sunshine State Corporate Compliance Company

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

DATE 04/08/2021		**WALK IN**
ENTITY NAME HOMEM	AYD SERVICES LLC	
DOCUMENT NUMBER		
	**PLEASE FILE THE ATTACHED AND RETURN**	
XXXX	Plain Copy Certified Copy Certificate of Status	MISSELLE AVEC
**P	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments  Certificate of Good Standing	я , <sup>*</sup> .
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT		_ _
TOTAL OWED \$25.00	ACCOUNT #: 120160000072	,
Please call Tina at the	e above number for any issues or concerns. Thank you so n	nuch!

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOMEMADE INVESTMENTS LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C		1 and assigned
Florida document number 1.21000116652		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
HOMEMADE INVESTMENT LLC		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADD	RESS)	
	•	1
		,
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	<del></del>	· · · · · · · · · · · · · · · · · · ·
		رن
B. If amending the registered agent and/or regi registered agent and/or the new registered office ado		ecords, enter the name of the new
		FF 23
Name of New Registered Agent:		' M
New Registered Office Address:		
	Enter Florida stree	t address
		, Florida Zip Code
	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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			□ Add	
			☐ Remove	
			☐ Change	
	<del></del>			
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			Change	
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			∩ Add	
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			□ Change	
			□ Add <sup>©</sup>	
			☐ Remove	
			Change	
<del></del>			D Add	
			☐ Remove	
			Change	

D. If amending any other infort	mation, enter change(s) here: (Attach additional sheets, if neces.	sary.)
	<del></del>	
		<del></del>
E. Effective date, if other than t (If an effective date is listed, the date is <u>Note</u> : If the date inserted in this document's effective date on the	the date of filing:	nal) ling.) Pursuant to 605,0207 (3) late will not be listed as the
f the record specifies a delay b) The 90th day after the re	ed effective date, but not an effective time, at 12:01 a.r ecord is filed.	m. on the earlier of:
Dated 04-07	. 2021	
	Signature of a member of authorized representative of a member	
<u> </u>	Signature of a member or authorized representative of a member	
Evgueni Borisenko		
	Typed or printed name of signee	<del></del>

Page 3 of 3

Filing Fee: \$25.00