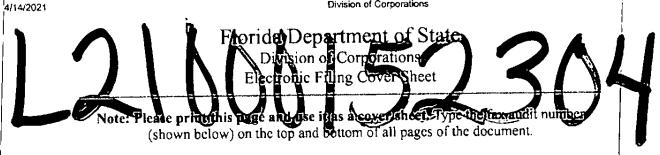
Division of Corporations



(((H21000148534 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I20190000068 : (407)326-8484 Phone : (407)604-6519 Fax Number

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

Email Address: adm@medeirossouza.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **OP1 HOMMES DESIGN LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

APR 15 2021

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

## **COVER LETTER**

ction porations				
MES DESIGN LLC				
Name of Limi	ted Liability Company			
Amendment and fee(s) are sub-	mitted for filing.			
ndence concerning this matter	to the following:			
THAIS KLOPPERS				
	Name of Person			
MEDEIROS SOUZA				
	Firm/Company	<del></del>		
845 N GARLAND AVE, S	TE 100			
	Address			
ORLANDO, FL 32801				
	City/State and Zip Code			
adm@medeirossouza.com				
		инсвион)		
	407 326-8484			
f Person	Area Code Dayti	me Telephone Number		
ne following amount:				
S30.00 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)		
ss: Section	Street Address: Registration S	ection		
Registration Section Division of Corporations		orporations		
27 FI 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
	Amendment and fee(s) are subtracted concerning this matter.  THAIS KLOPPERS  MEDEIROS SOUZA  845 N GARLAND AVE, S  ORLANDO, FL 32801  adm@medeirossouza.com  E-mail address: ( oncerning this matter, please concerning this matter concerning	Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  THAIS KLOPPERS  Name of Person  MEDEIROS SOUZA  Firm/Company  845 N GARLAND AVE, STE 100  Address  ORLANDO, FL 32801  City/State and Zip Code  adm@medeirossouza.com  E-mail address: (to be used for future annual report no oncerning this matter, please call:  Area Code  The following amount:  S30.00 Filing Fee & Certified Copy (additional copy is enclosed)  Section  Corporations  Corporations  Street Address:  Registration S Division of Components of Corporations  Corporations  The Centre of The Centre		

Tallahassee, FL 32303

Pag**£:** 5 of 7

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OP1 HOMMES DESIGN LLC	
(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 04/09/2021 and assigned Florida document number L21000152304	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
HOMMES DESIGN LLC	
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)	70721
	-
	3
Enter new mailing address, if applicable:	ţ-
(Mailing address MAY BE A POST OFFICE BOX)	<u>:</u> ;-
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registers agent and/or the new registered office address here:	ىد <u>od</u>
Name of New Registered Agent:	
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.	he

Pags: 6 of 7

□Change

MGR = M MBR = A	lanager .uthorized Member		
<u> </u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			⊡Change
			①Add 2
			Add 2
			1 1
			☐ Change
			□Remove
			□ Change
			□Add
			□Remove
			☐Change
			□Remove

From: RUBEM SOUZA

D. If amending any other inform	<u> </u>					
	<u></u>					
			***			
<u></u>						
					<u> </u>	2021
						1 APR
	<u> </u>					R
			<u> </u>		7, 5,	
					2 = 1	
						39
		·				
an area of the second about the second	المصحفانة فالمصادين	04/14/2021		(optional)		I
E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nist be specific and ca block does not mee	mnot be prior to da et the applicable	te of filing or more the stanutory filing rec	on 90 days after filing	APpregrant to 605.0	207 (3)(b) I as the
If the record specifies a delayed effect record is filed.	tive date, but not an	r effective time, :	at 12:01 a.m. on tl	e earlier of: (b) - Th	ne 90th day after t	he 
Dated	•	2021				] ]
				· · · · · · · · · · · · · · · · · · ·		     
	Signature of a me	mber or authorized	l representative of a	member		

Filing Fee: \$25.00

Typed or printed name of signee