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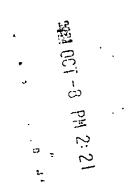
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## **COVER LETTER**

Division of Corpe	rations			
SUBJECT:	170m - 31/4/19 Name of Lim	Cv 75 2-2-C ited Liability Company	<u> </u>	
	nendment and fee(s) are sub ence concerning this matter	-		
	nnichael :	S · Coper Name of Person		
	_nise Hom	<u>12 Salutions,</u> Firm/Company	LLC	
	QU53 MON	1 Ca AVE Address		
	Spring HII	City/State and Zip Code	1007	
	MSChamesdu E-mail address: (i	no be used for future annual r	nade Con-	<u>₹</u>
For further information conc	erning this matter, please ca	all:		
Michael	CER PEG	at ( <u>727_</u> )	919-13	33 <i>6</i>
Name of Pe	erson /	Area Code	Daytime Telephi	one Number
Enclosed is a check for the f	ollowing amount:			
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55 00 Filing Fee & Certified Copy (additional copy is ench		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section

TO:

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

MGC Home Sil	utions, LLC		
(Name of the Limited	High Local Liability Company as it now appears ( Florida Limited Liability Company)	on our records.)	
		7/-/21	
The Articles of Organization for this Limited Lial		11 1121	and assigned
Florida document number <u>L21000 311</u>	<u> 1371</u> .		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company here	:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the desi	gnation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicat	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		7.2
		•	<u> </u>
		-	CT
		• ,	1 CO
Enter new mailing address, if applicable:			PH.
(Mailing address MAY BE A POST OFFICE B)	<u> </u>		<del></del>
		e. ,	_ <del>``.;</del> <del></del> <del> </del>
		₩,	
B. If amending the registered agent and/or reg agent and/or the new registered office address		ords, <u>enter the name</u>	of the new registere
Name of New Registered Agent:	_ Michael S. C	wfor	
New Registered Office Address:			
New Registered Office Address.	Enter Florida	ı 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.

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
<u>mgr</u>	michelle Caper	2053 Minica ave Spring Hill. Fr 34609	🗆 Add
			Remove
		Change to AMBR	Change
AMBR	Michael Coper	2063 Munica Que Spring Hill, FC 34609	□Add
			□Remove
		Charge to mgr	
			🗆 Add
			Remove
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effective of	ite, if other the date is listed, the d date inserted in	late must be spe	cific and ca	innot be prior	to date of fili	ng or more than	90 days afte	r filing.)	Pursuant to 605
	effective date or					y ming requir	ements, til	is diffe v	will not be use
ord spec i filed.	ifies a delayed e	ffective date,	but not an	effective ti	me, at 12:0	a.m. on the e	arlier of: (l	) The	90th day after
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