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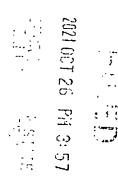
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	s of Status
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A. BUTLER NOV 1 0 2021

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT:	Home PRODUCTS	5 LLC
SUBJECT:		f Limited Liability Company
The enclosed Art	ticles of Amendment and fee(s) are	e submitted for filing.
Please return all	correspondence concerning this ma	atter to the following:
		Lina M. Pinzon
	Hom	Producto LLC.
		5al-200 ST, APT 101
		6ables F.L. 33134 City/State and Zip Code
		ess: (to be used for future annual report notification)
For further inform	mation concerning this matter, plea	ase call:
lin	a M. finzan	at (954) 5570778  Area Code Daytime Telephone Number
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a che	cck for the following amount:	
区\$25.00 Filing	g Fee S30.00 Filing Fee & Certificate of Statu	
Regist	Address: ration Section	Street Address: Registration Section
	on of Corporations ox 6327	Division of Corporations The Centre of Tallahassee
	assee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

100 mg

	E PRODUCTS LLC	2021 OCT 26 PM 3: 57
(Name of the Limited	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liab	ility Company were filed on	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	he limited liability company he	ere:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		ecords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	ida street address
		, Florida
	City	, Florida 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 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
MBR	Victor H Jaiamillo	Z40 Colling AVE APT ZI	) DAdd
		Migmi Boach FL 331	39⊓Remove
			□Change
M62	VICTOR H PINZON	240 Colling AVE ApT 2D	□Add
		Miami Beach FL 33139	⊠Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			_ 🗆 Add
			□Remove
			□ Changes

<u></u>	
fan effective <b>Note:</b> If the	ate, if other than the date of filing:
I is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	10/21/7021
-	10/21/7021  Luia Maua V  Signature of a member or authorized representative of a member
	lina M. Pinzo'n  Typed or printed name of signee